FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Examiner's Office along with form PM3. Page 1 and 2 with the State Department of FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State Department—6.

02255

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02907

	1/6	2616
1. PLACE OF DEATH 1. COUNTY Derchester MARYLAND	2. USUAL RESIDENCE (Where decessed lived, if institution: Res. STATE Maryland b. COUNTY Dorc.	esidence before admission
b. CITY OR TOWN (if outside corporale limits, write RURAL and give neerest lown) Cambridge c. LENGTH OF STAY IN 1b about 40 years	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give neerest lown)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 208 Maryland Avenue	d. STREET ADDRESS 208 Maryland Avenue	IS RESIDENCE ON A FARM? YES NO CO
3. NAME OF First Middle DECEASED (Type or print) LEROY E. ADA	MS JATE Month OF DEATH February	Day Yeer 22, 19 66
AT DISTRICTOR LINE INVENTED	Feb. 6, 1910 9. AGE (In years IF UNDER 1) So yes. Months D	YEAR IF UNDER 24 HRS. Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Owner 10b. KIND OF BUSINESS OR INDUSTRY Gaseline & Oil	9.00	LEN OF WHAT COUNTRY
13. FATHER'S NAME Edward Adams	14. MOTHER'S MAIDEN NAME Mamie Windser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Hypergive were redetended of service) Unknown Mrs	o. Thernie Phillips, Baltimere, 1	Maryland
PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. (c)	poisoning	INTERVAL BETWEEN ONSET AND DEATH INST ANT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20b. EXTERNAL CAUSE WAS PRIMARYY Nor CONTRIBUTING Trapped in burning Cause of brath.	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 3. 45 Ppm. 2/22/66 20d. INJURY OCCURRED 20e. PLACE Mile Not While 1 work 1 et w	CE OF INJURY [Home, ferm, 20f. (City or town) [Count only, street, office bldg., etc.] Me Cambridge Dor	
21. I certify that I took charge of the remains described above, held death resulted from: Natural causes . Accident . Suicident . Suicide	de	and in my opinion
SIGNATURE EXAMINER'S NAME (Type) John Mace Jr 220. BURIAL, CREMATION. REMOVAL (Specify) Feb 26, 1966 Derchester Memory	Address (Street, city, town, or county) CREMATORY 22d. LOCATION (City, town, or county)	2/23/66 (State)
Burial Feb 20, 1905 Derches der Pasini 23. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Mary.	24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE

VR A15ME 5M 1/63

Health or its designated agent, prior to burial, cremation, or removal, and in any event within

Apple Committee endaminer. BOOKLYSMI BYS Mang by, dec. Co., Mar-Tenter de 1923 : notesta The second of the second of the beaters of the standard of the Tele 25, 1965 Dereine ter Seneral Dere denne en a seland Talampte Pincent Services, Canbridges, Unryland FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5, and be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 1. Hours after death.

VR A15ME 5M 1/63

	MARY	LAND STATE D	EPARTMENT OF	HEALTH	
Division of \$1	ATISTICAL RESEARC	CH AND RECORDS,	301 W. PRESTON	STREET, BALTIMOR	E 1. MARYLAND
02256			CERTIFICATE		02208

1.		orchester		MARYLA	IND	2. USUAL RESIDENCE 8. STATE Maryl			Institution Res		
	write RURAL	N (if outside corporete limits, and give negrest lown) ambridge		Weeks	IN 1b	c. CITY OR TOWN (IF	h Creek		RURAL end g	ive neerest !	own)
	d. NAME OF HO	SPITAL OR INSTITUTION (if not	in hospitel	, give street eddress	1	d. STREET ADDRESS		-	- 10	I a: IS	RESIDENCE
	Camb	ridge-Maryla				Md. Route	16			0	N A FARM?
3.	NAME OF DECEMBED	First		Middle			OF T	Month			160
_	(Type or print)	Lula		Jones		Banning	DEATH FE	eprue	ary 17	,170g	9
5.	SEX	6. COLOR OR RACE 7. N				DATE OF BIRTH	1-4	(In years birthdey)	Months Da		ER 24 HRS.
	Female		DOWED	DIVORCED	20 0	Jan. 12, 1890	76	yrs.	MORINS DO	ys noun	Min.
de	e. USUAL OCCUP THO MOMENTAL HOMOMAK	working life, even if retired)	10b. KIND	OF BUSINESS OR IN	NDUSTRY	Church C				N OF WHA	COUNTRY?
13	. FATHER'S NAME				1	14. MOTHER'S MAIDEN NA	AME				
	Edw	in B. Jones				Margaret	Ellen	Rich	nardso	n	
		EVER IN U.S. ARMED FORCES? (Ifyes give war or deles of service		IAL SECURITY NO.	17. IP	FORMANT	2	Address			
	No	(11 Aes Blace met of deservotres at the	7		Mi:	s Ellen Ba	nning, C	hure	ch Cre	ek, M	id.
	18. CAUSE OF	P DEATH Enter only one caus	per line \$	or (e), (b), end (c).)	-		The sole	# VIII.		INTERVAL E	ETWEEN
	PART I. DE.	ATH WAS CAUSED BY:	Jacci	we nulm	one	ry embolus				ONSET AN	
	104	0	100000	LVO ONAIII	0110	J. OHIDOTAL				2 1101	urs.
	Conditions, if a	DUETO	Fra	tune ne	o lz	l. femur.				77	days.
	geva rise to Imm	ediate cause	1100	tare ne	UIL	r. I duint .					
	(a), stating the	underlying DUE TO									
-		(c) (c)	CONTRIB	LITING TO DEATH	NIT NOT	BELLIER TO THE BEALING	· midlion down				
CERTIFICATION	PARTIC OIL	HER SIGNIFICANT CONDITION	CONTRIB	DING TO DEATH E	OI NOI	KETATED TO THE TERMINA	IL DISEASE CONDI	IIION GIV	EN IN PART 10		FORMED?
	PRIMARY OF CAUSE OF DEAT	CONTRIBUTING 🔀				in home.	t I or Pert II of iten	n 18.)			
3	20c. TIME OF IN			RY OCCURRED 20	o. PLAC	E OF INJURY (Homa, farm,	20f. (City or toy	wn1	(County)	(State)
MEDICAL	8 PM p.n	Feb. 1,66	While	Not While	Hom	y, street, office bldg., etc.)	Church		,		64
	21. I certify	that I took charge of the	remains	described abov	ve, held	an Autopsy X, In	spection ,	Inquir	у 🗍 . в	nd in my	opinion
		from: Natural causes		Accident X	Suicio	- Invest	7. Undeter	mined m			
		0		^		CHIEF MEDICAL EX					
	ACTUAL SIGNATURE	Yeller 2	no	- al		M.D. ASSISTANT MEDICA				DATE S	IGNED
	_	1		1		M.D. DEPUTY MEDICAL E		2/1	9/66		
	NAME (Type)	John Mace Ji	. M.	D.		Address (Street, city		Ca	mbrids	e.Md	
22:	BURJAL, CREMAT	TION, 22b. DATE THEREOF	22c.	NAME OF CEMET	ERY OR		2d. LOCATION		or county)	(5)	late)
	Burial	Feb. 20, 19	66 0	ld Trin:	ity	Churchyard	Church	1 Cre	eek, M	d.	
23	UNERAL DIRECT	10 5D	1	ADDRESS		24e. REC'D	BY REGISTRAR	24b, REGI	STRAR'S SIGN	ATURE	
1	quell	R. Hurwa	اللاع	Cambrid	ge,l	Id. DEEB	2 1 1956	TCI	iantes,	udge	
				-				-			

And the second second A THE RESERVE OF THE PARTY OF T ROST LE HELD . LE . TO COLO SEO

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

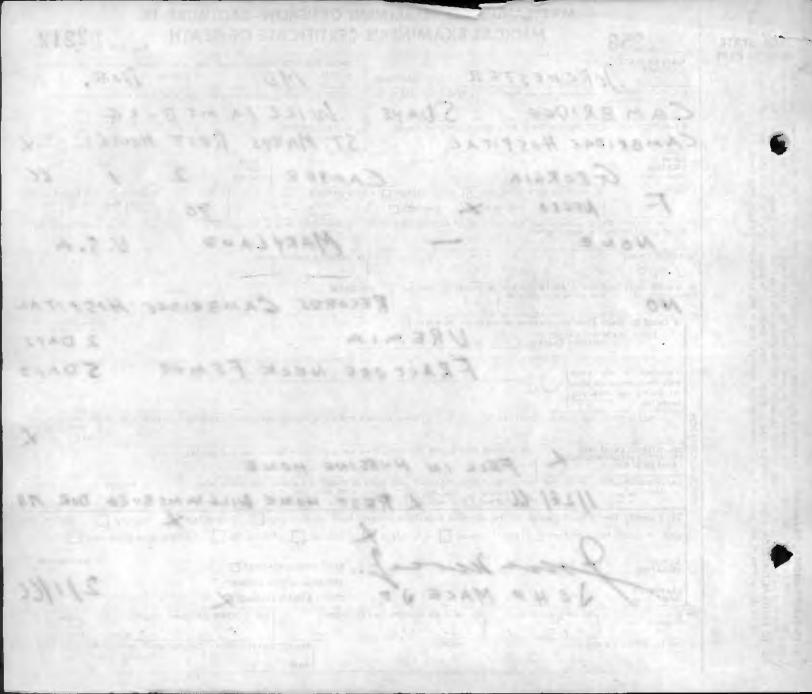
122(19) 00057

1. PLA	CE OF DEATH				1	2. USUAL RESIDE	NCE (When	re deceased				before ad	
a. C	YTAUOS	1 - 1 -				e. STATE	77	7	b. cou				1
h C	DOLG DOLG	hester	te limite	C. LENGTH OF STA	YLAND	c. CITY OR TOWN (Maryl		e limits, w		COMT		t town)
		N (If outside corpore end give nearest tow	n)		II HI AD	C. CITT OR TOWN	11 oursing	corpore	en italical es	ing nome	- 0110 61	- #)
	al Camb			18 years		Fruitl					and a	4-1	<
d. 1	NAME OF HOS	SPITAL OR INSTITUTE	DN (If not in h	ospital, give street (eddress)	d. STREET ADDRES	-					ON A F	
		Shore Stat				W1111						YES 🗌	NO O
DEC	ME OF CEASED pe or print)	Pearl	rst M.	Middle	Bri	ttingham	0	ATE F EATH	Febru		Dey 17	Yes 19	66
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	1 4	DATE OF BIRTH		9. AG	E (in yeers				
f		white	WIDOWED	A DIVORCE	FD C	9/18/98		67	t birthdey) yrs.	Months	Deys	Hours	Min.
10e. USI during r		ION (Give kind of work ing life, even if retire		IND OF BUSINESS OF		POCOMON	e_Rt	iral		12. C		OF WHAT	
12 EA	Tacto THER'S NAM	ry worker				14. MOTHER'S MA	INEN NAM	d -		1 02	n.		
	rdon R					Savar							
15. WA (Yes, po unk	S DECEASED (, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates	ORCES? 16.	SOCIAL SECURITY N	Med Med	Hebert J	Red	ldem ESSH	(Brot	her)	R.D.	.#2E	Edex
1 18.	CAUSE OF	DEATH [Enter only or	e ceuse per l	ine for (a), (b), end (LINTE	RVAL RE	TWEEN
		ATH WAS CAUSED BY	/ :	DROWN I							ONS	F MAN	DEATH
	175	IMMEDIATE CAUSE	(e)	DROWN	Ma								
	112	DUE	то										
	nditions, if		(b)				_						
	use (e), s		10										
unc	derlying caus	e last.	(c)										
PAS CERTIFICATION CALCATION CALCATIO	RT (I, OTHER :	SIGNIFICANT CONDITI	ONS CONTRIB	JT ING TO DEATH BUT	NOT RELA	TED TO THE TERMINA	LDISEASE	CONDITI	ON GIVEN II	PART 1(a		WAS AU PERFOR	MED?
원 202	a. EXTERNA	L CAUSE WAS	i 20b.	DESCRIBE HOW INJU	URY OCCU	RRED. (Enter nature	of Injury	In Part 1	or Part II	of Item 1	8.)		
E PR	IMARY OF	L CAUSE WAS CONTRIBUTING		ALKED INTO									
3 00							form I C	OF CITY	or town)	101	ounty)	//	State)
S 200		INJURY Month, Day,			/mman	E OF INJURY (Home, y, street, office bldg.				120			ototo)
S 5	30PM	2/17/6619	at wor	Not While X	RIVE	R		CAM	BRIDGE	L L	OR.	LID •	
		y that I took charg			-		Insp	ection	, Ing	uiry 🗌	, and	d in my	opinior
		ed from: Natura		. Accident	-	cide X. Homi		_	determine	-			
1	death result	eu iron: Hatura	Causes	, Accident	j, 301			1, 4	1	a manno			
40	TUAL	1/	200			CHIEF MEDIC		-			22	. DATE	SIGNED
SI	GNATURE	ton	ruce	The		_M.D. ASSISTANT N							
NA	AMUNER'S		MACE JE			DEPUTY MED Address (Str	eet, city,	town, or	county)			2/18,	166_
23a. B	BURIAL CREA	MATION, 23b. DATE	THEREOF	23c. NAME OF C	CEMETERY				ION (CIty,				tate)
B	TURIAL CREATE OF THE PERSON OF	Feb.21	/1966	Parsons	s Cer	etery		Sal	isbur IR 25b.	y . Ma	ryl	and	
	UNERAL DIRI		, -,	ADDRESS	-	253	BEC'D BY	REGISTRA	R 25b.	REGISTRA	R'S SIGI	BRUTAN	
HO	T.T.OWAT	Y & COMPA	NY SA	T.TSBURY	MARY	TAND	82:	3 195	S 070	Mari	Pa. 0		

A15ME E (5) VR 5M

hugge . J. walling St. I HEL-EVENOCO read St.O. (contout Improved to Inedoi. 1 7 - 1 11 - 10 -THE STATE STATE 400 I Allahan I SEPTEMBER : . N. 5 MALL Sallsbury, Burging Buffel Feb. 21/1956 Parsons Cemebery ROLLINAN, YEGERIJAN YKANIOO M YA MARKAND

1	2-		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR STA	TE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2212
	EPT.		150m 2 13 m G 275 7/21/16 mb Key, Dist. No.	-010
Poge Files. Health,	X		PLACE OF DEATH O. COUNTY O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before on the county of the co	e admission)
Proper to	7	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give near give near town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give near give near town)	rest town)
L of de		<	CAMBRIDGE SDAYS WILL IAMSBURG	09-1
dir	1.2	4 4		e. IS RESIDENCE
9 .E	(F ~	-		YES NO
r delay re fun refoir re Stat			NAME OF DECEASED LOS! A. DATE OF DECEASED OF PINT) (Type or print) A. DATE OF DEATH OF DEATH OF DEATH	1966
of the		5. 3	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER TYEAR) II	F UNDER 24 HRS.
78			1- NECKO WIDOWEDS DIVORCED 11-30-67 Stayes Months Days 1	Hours Min.
on on one)	100	o. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote in foreign country) 12. CITIZEN OF	WHAT COUNTRY?
22.00			NONE - MARYLAND IIC	A
A See		13.	FATHER'S NAME	4.1.
Po Co		1	prop Canley.	
for File		15. Yes	WAS DECEASED EVER IN U. S. ARMED ORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
in the second			NO KELORDS CAMBRIDGE HOS	PITAL
de d				AL BETWEEN
then then along it p			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UREMIA 2	DAYS
ice ice your	1		9047 DUE TO -	
S C C C			conditions, if any, which to FRACTURE NECK FEMUR 5	DAYS
bur b			gave rise to immediate cause ({a), stating the underlying DUE TO	
S. O.		_	couse lost. (c)	
Exe ad a		ğ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
Per Col	0	2	YE	S NO NO
of bed		CERTIF	206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING. 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Hem 18.) FELL IN NURSING HOME	
This wo				
3 3 5 4 5		WEDICAL	Hour and I al (White Not white) factory, street, affice bldg., etc.)	(Stote)
All ting the ge rior	09	*		DOR. MJ
KAA Marie 12 Politic P.			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry .	and in my
96			opinion deoth resulted fram: Natural causes . Accident Suicide . Hamicide . Undetermined manner	
A C P			ACTUAL 2 - 2 - 0	ATE SIGNED
AE DIE			SIGNATURE M.D. CHIEF MEDICAL EXAMINER	1
old be	2		EXAMINER'S OF ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT	11/66
Short its		220	REMOVAL (Specify) 226. DATE THEREOF 22c. MANE OF CEMETERY OR CREMATORY 22d. MOCATION (City, John, or cognity)	(Stole)
5 . 5 g	ž.		Derick D-8- 66 Delper Cem Campridge T.	nc
VS. ATSME	7	23.	FUNERAL DISECTOR'S SIGNATURE ADDRESS 246_REC'D BY REGISTRAR 246_REGISTRAR S.SIGNATURE 1000 1000 1000 1000 1000 1000 1000 10	48
BM 2/57	120		DATE 11 West DATE 10 1900 Junes July	

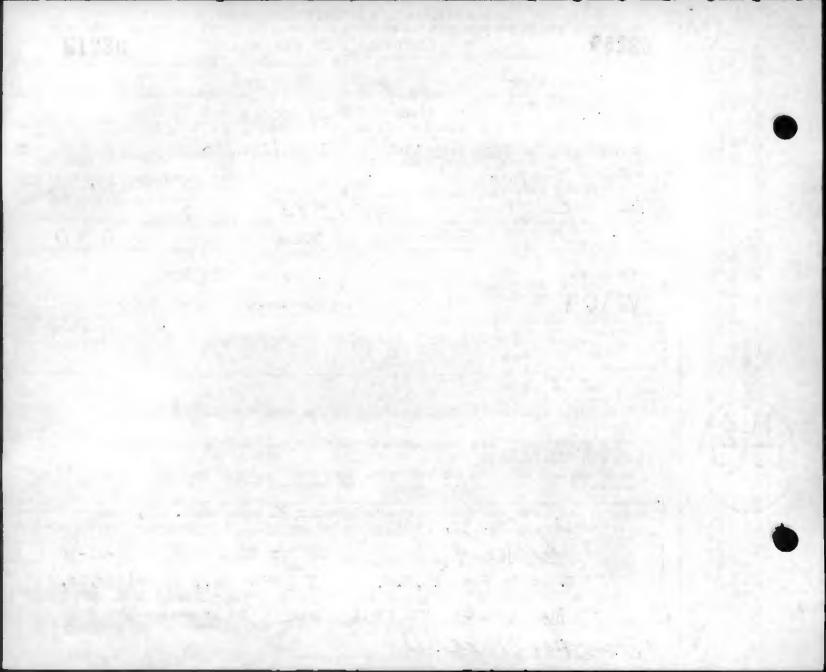


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02259 CERTIFICATE OF DEATH ()2213

PLACE OF DEATH a. COUNTY			CE (Where deceased lived, If institu	tion: Residence before admission)
Dorchester	MARYLAND	a. Slate Maryla	and b. county	orchester
b. CITY OR TOWN (if outside corporate limits.	c. LENCTH OF STAY IN 1b		outside corporate limits, write	
write RURAL and give nearest town) Cambridge	yra	Cambrid	20	00-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in I	1	d. STREET ADDRESS	50	e. IS RESIDENCE
				ON A FARM?
Cambridge Maryland			ne Street	YES NO X
3. NAME OF FIRST DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) John	Cam		DEATH February	
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	DATE OF BIRTH	9. ACE (In years IF I	INDER 1 YEAR IF UNDER 24 HRS.
MILL WIDOWED	DIVORCED	1898	67 yrs.	iluis Days Hours Inim.
	KIND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT
during post of borking into, even if fethen)	INDUSTRY	ma		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME	0.,
dear h		Lines	now	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 1 17.	INFORMANT	Address	
(Yes, no, or unkown) (Lifyes nive war or dates of service)	-	Maran	(Can A	4.4
VV W		Jenene	e congre	<u>v</u>
18. CAUSE OF DEATH (Enter only one cause per	line for (a), (b), and (c).]		V	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Cer	ebral Vascul	ar Hemorr	hage	
33/X DUE TO				
Cenditions, If any, which (b)				
gave rise to immediate		-		
cause (a), stating the underlying cause last.				
	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION CIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY
TE				PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED /Enter nature of	f Injury in Part I or Part II of It	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEDUKTOE HOW MISOKY OUGO	MILLET (LITTED TIPEWED D.	,,	
	fanto	CE OF INJURY (Home, fary, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
Hour e.m. While at wor	- NOT WILLS -	1), acted to the d ping., e	(10.)	
21. I certify that (I) (this hospital attended		hnuony 27 1	066 toFeb. 23	1966 that (1) (we) last
			M, from the causes and	
22a. SIGNATURE	15 SSZ, anu that			2b. DATE SICNED
(HANS II	/	ATTENDING PHYS.	MED. STAFF	2-23-66
22c. PHYSICIAN'S	M.D	PHYS. 224	DIRECTOR PHYS.	
	sett, M.D.	727 Pi	ne S Cambri	idge, Md.
238 BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d OCATION (City, town	or county) (State)
Dusial Mas 6-66	1 000	Com	Court.	mex
24. FUNERAL DIRECTOR	ADDRESS	25a. RE		STRAR'S SIGNATURE
1 Touper DN e	Ver -	DATE	7 1966 BOLD	zute. One
The second secon			and the same of the same	

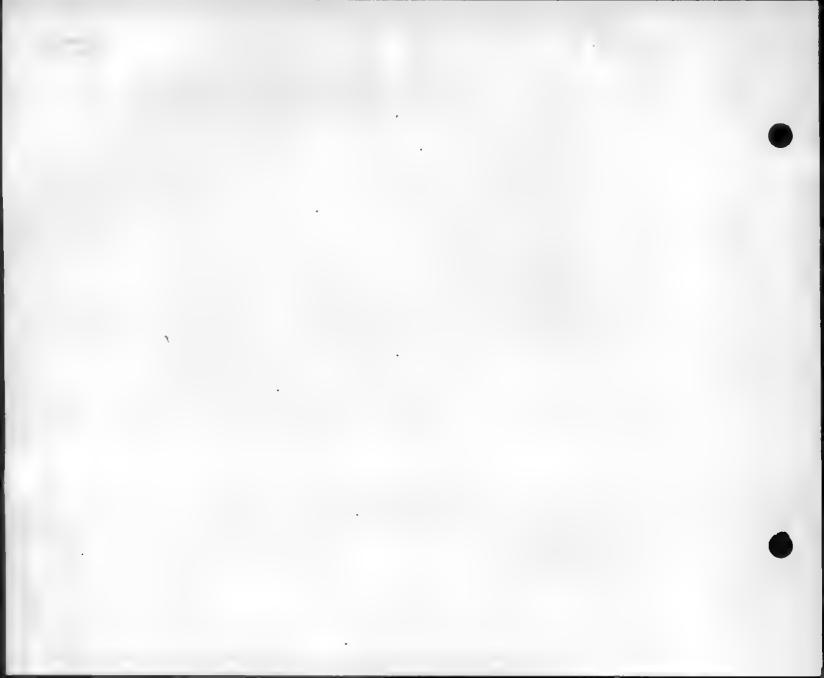
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funeral and 2. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the birdal-transit permit. Then please remove canbon papers. Perest should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 must at the MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	12251)		GERTIFICA	ALE UP DEATH	1	112214
1.	PLACE OF DEATH	H					itution: Residence before admission)
	a. county Dorchest	er		MARYLANI	lary land	b. count	hester
			te Ilmits.	I c. LENGTH OF STAY IN	1b c. CITY OR TOWN (I	f outside corporate limits, writ	te RURAL and give nearest town)
	Cambrid	N (if outside corporal and give nearest tow	n)	14 Hrs. 55			
			M /if not in h	ospital, give street eddre		<u> </u>	e. IS RESIDENCE
							ON A FARM?
_ C:	ambridge	Maryland H	ospita	1 Inc.	Box 183		YES ND X
3.	NAME OF DECEASED		rst	Middle	Last	4. DATE Month	Day Year
	(Type or print)	E	юу		Carr	DEATH FEDRUAL	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
]	Male	Negro	WIDOWED	DIVORCED	Feb. 4, 190	66 yrs.	Months Days Hours Ma.
108	USUAL OCCUPAT	TION (Give kind of work	done 10b. l	(IND OF BUSINESS OR		County & State, or foreign country)	12. CITIZEN OF WHAT
duri	ing most of work No	ing life, even if retire	d) I	NDUSTRY	Dorcheste	er Maryland	U S A
-13	FATHER'S NAM		1		14. MOTHER'S MAI		002
15.			*				
		Daniel Rob			Shirley N	Mae Carr Addres	
(Ye	s, no, er unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES! 16.	SOCIAL SECURITY NO.	17. INFORMANT	Mudras	5
	No				Mother Bo	ox 183 Vienna Mo	1.
I				line for (a), (b), and (c).]	1 1	20	INTERVAL BETWEEN ONSET AND DEATH
H	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	100	Wich deen	n/ hemo	rahale-14e	notes
H	7 1	mark parts		,	1 1 1	0,	
ш	Conditions, If	any which)		Rocard	meditress	Sex dame.	
Н	gave rise to	Immediate /	(b)	/11/			
	cause (a), s		10	(HY 100	mendin	Je diesel	land
I _Z	underlying cau	/	(C)	THE RESERVE OF MAN	PELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART I(a) 119. WAS AUTDPSY
CERTIFICATION	PARTIT. OTHER	STUNIFICANT CONULTY	DNSCONTRIB	OUNG TO DEATH BOT NOT	SECULED TO THE LEWISING	DISEASEDONDHIOMAITEAN	PERFORMED?
1ê							YES NO
E	20a. ACCIDENT	WAS UNDERLYING ING CAUSE OF DEA TIFY MEDICAL EXAMI	7H 20b.	DESCRIBE HOW INJURY	OCCURRED. (Enter nature	of Injury in Part 1 or Part II of	ritem 18.)
	(IF EITHER, NO	TIFY MEDICAL EXAMI	NER)				
MEDICAL		INJURY Month, Day,	Year 20d.	INJURY OCCURRED 200	PLACE OF INJURY (Home, factory, street, office bidg.,	farm, 20f. (City or town)	(County) (State)
0	Hour a.	m. 19	While at wo	not while	i actory, an ear, ource plug.,	E16.)	
28				ded the deceased from	Feb 4	19 56A to Feb 5	19 66 that (I) (we) last
		eeased alive.On	pranatten Fob 4	19 66 and	that double occurred at	8:45M from the causes	and on the date stated above.
	22a. SIGNATU		7	18 V , allu	that death occurred at	THE THE GOLDSON	22b. DATE SIGNED
	224. 31014110	" YUKL	4.000	a/	ATTENDING	MED. STAFF	2-8.66
	22c. PHYSICI	and		X	M.D. PHYS.	DIRECTOR PHYS.	2-0-6-6
	NAME (T	Dr J Edw	in Fass	sett		e St Cambridge	Md
-	DUDIN OFF			, 23c. NAME OF CEME		23d. LOCATION (City, to	
238	REMOVAL (Sp	MATION, 23b. DATE ecify)	INEREUF				tin or somich! former)
	Buria1	2-5-6	6	Methodist	Church Cemeta	ry Vienna Eco By REGISTRAR 25b. Ri	EGISTRAR'S SIGNATURE
24	Richard	Robinson	Box	183 Vienna	Md.	D - 0	
	ALLOHAL C				DATE	B 10 1966 1	carley Judas
-						W	

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02261 CERTIFICATE OF DEATH executed within 24 haurs after death. and death I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission). o. COUNTY b. COUNTY DORCHESTER MARYLAND SOMERSET MARYLAND ease remove carban papers Pages 1 and in any event, within 72 hours after b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CRISEIELD CAMBRIDGE B IS RESIDENCE ON A FARM? d. STREET ADDRESS .⊑ a NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) filled EASTERN SHORE STATE HOSPITAL PAPER STREET YES NO X NAME OF Middle First Last 4. DATE Month DECEASED WESLEY **Јони** COLLINS FEBRUARY 1966 DEATH (Type or print) IF UNDER 24 HRS AGE (In years IF UNDER I YEAR 8 DATE OF BIRTH S SEX 6. COLOR OR RACE NEVER MARRIED X 7 MARRIED Hours lost birthday) Manths Days MALE NEGRO WIDOWED DIVORCED 08-26-07 10a USEAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Store, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? please attending physician sermit. Then please LABORER MARYLAND 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME crematian, ar removal, JAMES COLLINS NEOME GILES 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address ATTENDING PHYSICIAN: The law requires that the death (Yes, na, ar unknawn) (If yes give war ar dates af service) 218-05-2958 RECORDS - EASTERN SHORE STATE HOSPITAL NO NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c).) signed by the burial-transit ONSET AND DEATH PART 1 DEATH WAS CAUSED BY. CEREBRAL HEMORRHAGE IMMEDIATE CAUSE (o) DUE TO burnal, ARTERIOSCLEROSIS AND HYPERTENSION 10 YRS. Conditions, fony, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending as been as the prior tal 19 WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed far use af Health NO X er this certificate to detached far use SA, 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INHIRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Nat While at wark at wark After 1 JAN. 18 . 19 66, to FEB. 4, 19 66 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from director, page 3 shauld shauld be filed with the FEB. 4 19.66, and that death occurred at 3:28 PM, from causes and on the date stated above O FUNERAL DIRECTOR: saw the deceosed alive on.___ 22g. SIGNATURE 22b. DATE SIGNED STAFF PHYS ATTENDING Bando 2-4-66 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) C. F. BARROSO, M. D. E.S.S.Hospital, Cambridge, Dor. Co., MD. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 250 REC'D-BY REGISTRAR VR A15 (4) 20 M 1/66 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral and 2 r death. 24 hours after death PLACE OF DEATH 1, USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY a. STATE sician and completely filled in by the flease Tempve carbon papers. Pages 1 and the eyjevent, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO D HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. DATE OF DEATH 3. NAME OF First Middle Month Day Last DECEASED (Type or print) O COLOR OR RACE FUNDER 24 HRS SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 8. 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours attending physician and rmit. Then please femo WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12, CIJIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY FATHER'S NAME MOTHER'S MAIDEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT permit 17. Address TO FUNERAL DIRECTOR: After this certificate has been signed by the atter director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or (Yes, no, or finkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES X NO F DESCRIBE HOW INJURY 20a. ACCIDENT WAS UNDERLYING OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 7545M, from the causes and on the date stated above. 66 and that death occurred at saw the deceased alive en DATE SIGNED 22e. SIGNATURE 22b. ATTENDING PHYS. MED. DIRECTOR STAFF PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CREMATORY LOCATION (City, town or coupty) 294. BURIAL, CREMATION, REMOVAL (Specify) 23b. 23d. (State) FUNERAL DIRECTOR D BY REGISTRAR ADDRESS VR A15 (4) 15M 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciam and committeely filled in by the function director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any elect, within 72 hours after death. TO NOTIFIED OF ATTENDING PRANCES The law requires that the death certificats be executed within 2m hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
D2253
CERTIFICATE OF DEATH
1)3697

1.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution; Re	esidence before admission)
	Dorchester MARYLAND	a. STATE Maryland b. COUNTY De	rchester
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
_1	Tural - Cambridge 11 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Rural - Cambridge	e. IS RES.DENCE ON A FARM?
1	Eastern Shore State Hospital	RFD 2	YES NO 3
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) Nettie	Cooper DEATH February 2	27. 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
	Penale Negro WIDOWED I DIVORCED	June 20 1899 66 yrs.	
dui	LUSUAL OCCUPATION (GIVE KIND OF BUSINESS OR Ing most of working life, even if retired) INDUSTRY		TIZEN OF WHAT
13	Laborer Laborer	Dorchester Co., Md.	USA
	George Burroughs	Ellen Thomas	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Y	No (If yes give war or dates of service)	Medical Records, ESSH, Camb	midea Md
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	Medical Receptos, Ebon, Camp	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ire	ONSET AND DEATH
	1/1×	ui e	110425
	DOL 10	hypertension	Years
	gave rise to immediate (33, 50 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	underlying cause last. Co Diabetes m	ellitus	Years_
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
I B	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INITIAL DOCK	IRRED. (Enter nature of injury in Part I or Part II of Item 18.	YES NO
	20a. ACCIDENT WAS UNDERLYING COLOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The state of the s	,
MEDICAL	facto	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bldg., etc.)	nty) (State)
₩ G3	p.m. 19 at work at work		
	21. I certify that A (this hospital) attended the deceased from	Feb. 15, 1966 to Feb. 27, 1966	that A (we) last
		t death occurred at 2:39, from the causes and on the	ne date stated above.
	220. SIGNATURE D. A. G.	ATTENDING MED STAFE	ATE SIGNED
	22c. PHYSICIAN'S -M.E	D. ATTENDING MED. DIRECTOR STAFF 2/2	27/1966
	NAME (Type) RENE E. SMITH, M.D.	Cambridge, Md.	
232	BURIAL CREMATION 23b. DATE THEREOF 1 23c. NAME OF CEMETER		intv) (State)
	Burial 3/6/1966 Airevs Ce		
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	SSIGNATURE
1	Cambridge	Md. DATE MAD 9 1000	in a cier

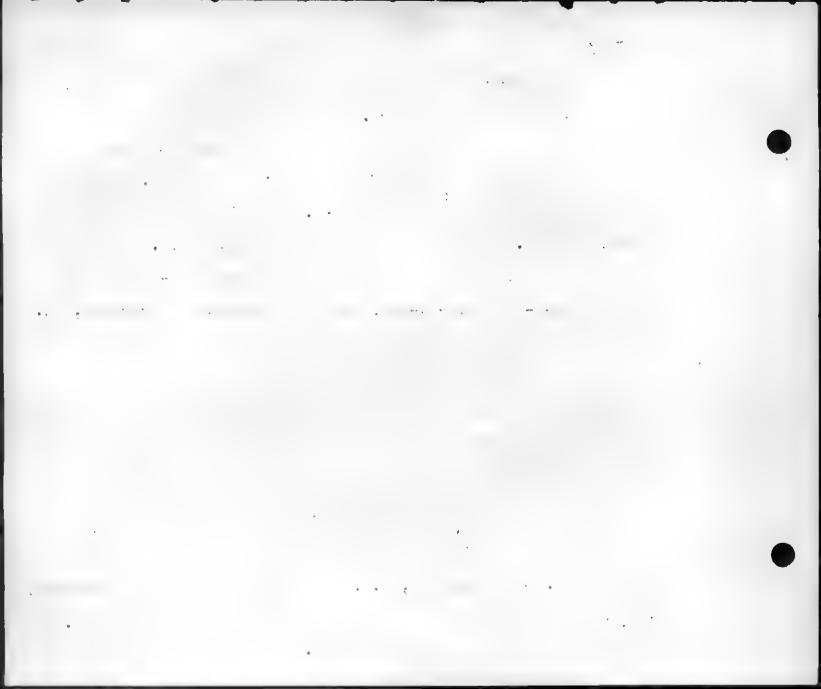
VR A15 (A)

1'S , am 1,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death continuate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pipum. Pages 1 and 2 should be filled with the State Dept. of Health prior ID Illurial, cremation, or removal, and in any event, within 72 llours after pleath. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1	112254		CERTIFICATI	E OF DEATH		いるですい
.3.	1.	PLACE OF DEATH			2. USUAL RESTOENCE	E (Where deceased lived, If institution	n: Residence before admission)
		a. COUNTY Doro	chester	MARYLANO	a. STATE Mar	yland b. COUNTY	Dorchester
		b. CITY OR TOWN (if outside write RURAL and give no	e corporate limits,	c. LENGTH OF STAY IN 1b		outside corporate limits, write RU	RAL end give nearest town)
		Camb	oridge	7 yrs.	Car	bridge	4
		d. NAME OF HOSPITAL OR II	NSTITUTION (if not in	hospital, give street eddress)	d. STREET ADORESS		e. IS RESIDENCE ON A FARM?
^		506	Pine St	reet	506	Pine Street	
	3.	NAME OF OCCEASEO	First	Middle	Last	4. DATE Month	Oay Year
		(Type or print)	Anna	Stothoff	Cornish	DEATH Feb.	12 1966
	5.	SEX 6. COLOR	OR RACE 7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNI	DER I YEAR FUNDER 24 HRS.
		Female Negr		O O O O O O O O O O O O O O O O O O O	Oct. 27, 1	1897 68 yrs. Montu	is Deys Hours min.
	10a dur	I. USUAL OCCUPATION (Give kinding most of working life, eve	nd of work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (COL	unty & State, or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
	H	ousewife / I	ab.	INDUGINI	New Hav	zen. Conn.	USA
	13.	FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME	
		Johr					othoff
	15. (Ye	. WAS DECEASED EVER IN U.S. is, no, or unknown) (If yes give w	ARMEO FORCES? 16 ar or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
		No		4-34-5306 R	ussell Cor	nish Cambri	idge. Md.
		18. CAUSE OF DEATH [Ent					INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS C	AUSEO BY: BANK	CAN CASANTAGE CAPES	HIJOXIX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d was granting	ONSEI AND DEATH
		4201	DUE TO				
		Conditions, If any, which	1 86 0	oronary Hear	t Disease		
		gave rise to immediate cause (a), stating the	OUE TO				
		underlying cause last.	(c)				
	NO.	PART II. OTHER SIGNIFICANT		UTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL OF	ISEASE CONDITION GIVEN IN PART 1	I(a) 19. WAS AUTOPSY PERFORMEO?
4	CA	/ Brain	damage ne	sult of old	າ ກຳນາ ນ		YES NO
	TI	20a, ACCIDENT WAS HINDER	RLYING II 20b.			Injury in Part I or Part II of Item	18.)
	CERTIFICATION	OR CONTRIBUTING T CAUS	AL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Mo		faula	CE OF INJURY (Home, far	rm, 20f. (City or town)	(County) (State)
	4FD	Hour a.m.	19 While	Not While I	y, street, oracebidg., et	G.)	
	ec.			ded the deceased from	Jan. 1. 19	64 to FOD 12, 19	9 66 that (I) (we) last
		saw the deceased a iv	medin 13 ab /12		death occurred at	M, from the causes and o	
		22a. SIGNATURE	11111			22b.	OATE SIGNED
	ı		THE SAL	M.D	ATTENDING M	MED. STAFF 2-	12-66
		22c. PHYSICIAN'S			22d. ADDRESS		
		NAME (Type)	Edwin Fa	ssett, M.D.	727	Pine Street (Cambridge,
	23a	BURIAL, CREMATION, 231 REMOVAL (Specify)	D. OATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
1		Burial	2/15/66	Wau	gh	Cambridge	e. Md.
0	24.	FUNERAL DIRECTOR	1011,0	ADDRESS		'D BY REGISTRAR 25b. REGISTA	A A
Y		Turul	C. Silve	Cambridge,	Md. DATE	7 323	116
	-		//>				

VR A15 (4) 20M 1/65



FOR STATE

HEALTH DEPT. TO DEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute one certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to me funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be

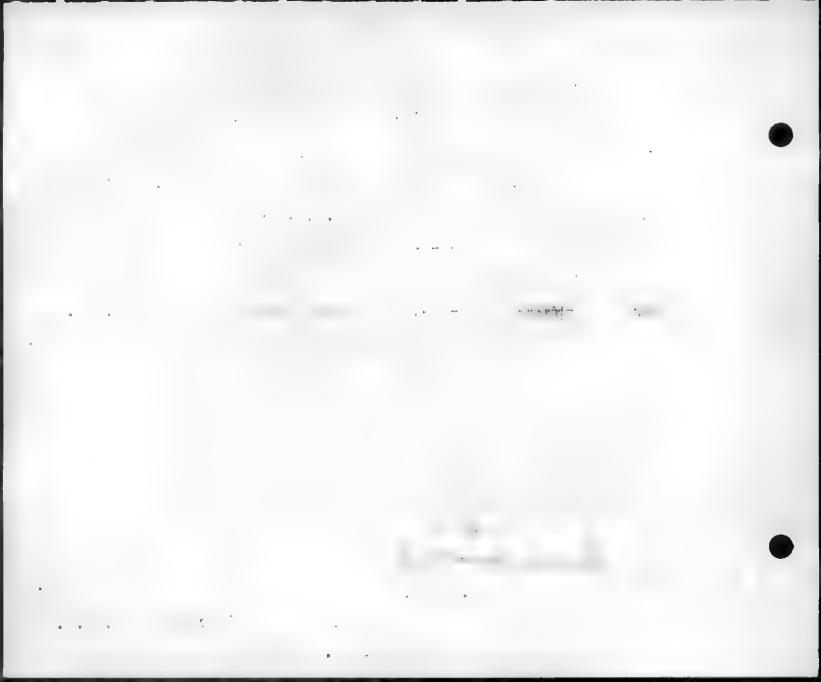
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removed, and in any event within 72 hours after death. director. Page 4 shoul retained for your files.

m L

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	92255	M	EDICAL	EXAMINE	R'S C	ERTIFICA	TE O	F DE	ATH	()	221	[]
1.	PLACE OF DEATH						ENCE (Wh	ere decease	lived, If insti		nce before	admission)
	De	rchester	ŗ	MARYL	AND	a. STATE	aryla	nd	b. COUNT	Dorch	este	er
	b. CITY OR TOWN Write RURAL e	(If outside corpora nd give nearest too	ite limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outsid	e corpora	te limits, writ	RURAL and	give neer	est town)
	Car	ibridge		Life			ambri	dge				- /
				spital, give street ed	dress)	d. STREET ADDR	ESS				e. IS RE	SIDENCE FARM?
		ige Mary		ospital		407	Char	les	Stree	t	YES	NO X
3.	NAME OF DECEASED		Irst	Middle		Last	4.	ATE OF	Month	D	ay Y	eer
-	(Type or print)	Roma		Lee		rnish		EATH	Feb.	16		66
		6. COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH		9. AG	E (in yeers it it birthday) N	lonths Day		
	Male USUAL OCCUPATION	Negro	WIDOWED 10h K	DIVORCED ND DF BUSINESS OR	L Av	IG. 10	1924	foreles o	yrs.	12. CITIZE	N OS WHA	Ť
dur	ing most of workin	g life, even if retire	ed) IN	IDUSTRY				Tot eight c	ound 37	COUNT	RY?	11
13.	FATHER'S NAME	er			1	Mars 14. MOTHER'S N	zland	ME		US		
	***************************************	Elmad C	n area d area									
15.	WAS DECEASED EN	Fred Ce	ornish DRCES? 16.	SOCIAL SECURITY NO.	1 17. 17	FORMANT	lary	Jan	Address			
{Ye		If yes give war or dates	of service)	0-12-1690				To.		3	1/3	
	18. CAUSE DE D	EATH Enter only or		ne for (a), (b), end (c)		ttie Co	rnis	<u> </u>	Cambri		TERVAL B	FTWFFN
		TH WAS CAUSED BY	4 1000	ebral hem		ane					NSET AND	
	33/x	IMMEDIATE CAUSE	(4)	S DI A.L TION	OIII	1age)	<u> </u>
	Conditions, If e		(p)									
	geve rise to i	NI PALLE							-			
	underlying cause		(c)									
8	PARTII. OTHER SI	GNIFICANT CONDITI	DNS CONTRIBU	TING TO DEATH BUT N	DT RELATE	D TO THE TERMIN	LAL DISEAS	CONDITI	ON GIVEN IN P	ARTI(a) 1	9. WAS A	UTDPSY RMED?
ICAT											YES 🔨	ND 🗌
ERTE	20a. EXTERNAL PRIMARY ☐ OF C CAUSE OF DEATH	CAUSE WAS Ontributing []	20b. D	ESCRIBE HOW INJUR	Y OCCURE	RED. (Enter nutur	e of Injury	In Part 1	or Part II of	Item 18.)		
길		JURY Month, Day,	Year 20d Ib	JURY OCCURRED 2	De PLACE	OF INITIRY (Hom	e farm 3	Df. (City	or town)	(County)		(State)
MEDICAL CERTIFICATION	Hour a.m.	19	While et work	Not While	factory	street, office bld	g., etc.)	(070)		(000)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	21. I certify	that I took charg	e of the remy	ains described abo	ve, held	an Autopsy 💢	, Insp	ection [, Inquir	у 🔲 , га	nd in my	opinior
	death resulte	d from: Natura	l causes	Accident,	Suici	de 🔲. Hon	nicide [), Unc	determined n	nanner 🔃		
				_ 0		CHIEF MED	ICAL EXAM	INER [
	ACTUAL SIGNATURE	Min	ne	- Ce		M.D. ASSISTANT			70/	19/66	22. DATE	SIGNED
	EXAMINER'S	¥.1	-			DEPUTY ME		_	· ^	mbri	l and	va.
23a	NAME (Type) BURIAL, CREMA	John Mac	THEREOF		METERY O	Address (SI			COURTY) O			State)
200	REMOVAL (Spec	lfy)					201		4 1	or overly)		044601
		-3 / * 32	1166	() [6				130 22 1	A Maria and the second		100 3	
24.	Burial		0/66	ADDRESS	Fie	25a.	REC'D BY	Dor REGISTRA	R 25b. REC	ISTRAR'S SI	GNATURE	

AISME (5) VR. 5 M



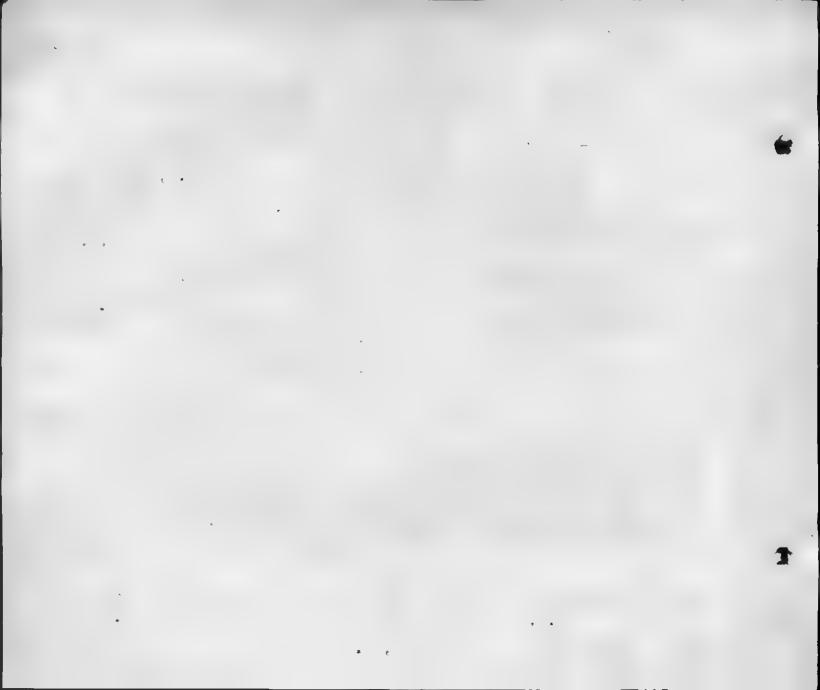
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decreesed lived, if institution, Residence before admission) PLACE OF DEATH 24 hours a. COUNTY b. COUNTY Derchester Marvland Dorchaster by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. ڄ write RURAL and give nearest town) Golden Hill 5-Cambridge filled i d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Cambridge, Maryland Hespital None YES NO X papers. NAME OF Middla 4. DATE Month DECEASED EDGAR CHARLES CUSICK 28, 19 66 DEATH February (Typa or print) pou 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH PER last birthday) Months Dec. 21, 1892 White Male WIDOWED TO DIVORCED 1 12. CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work nding physical please reme well Driller Water Wells Derchester Co.. Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William J. Cusick Helen Virginia Vane Then Jevor 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (If yas give war or datas of zervice) Miss Norma Lee Cusick, Golden Hill, Maryland Unknewn IB. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] Ŕ ONSET_AND DEATH has been signed to burial-transit per urial, cremation, or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the selecter (VRD attending Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY 2 3 CERTIFICATION PERFORMED? prior NO F I may be retained by the ho DIRECTOR: After this cer 3 should be detached for us he State Dept. of Health priving 20a ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Pert I) of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH WEDICAL 20f. (City or lown) (County) (Stete) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) factory, street, office bldg., atc.) Not While Hour a.m. at work al work ... to 31 21. | certify that (I) (this hospital) attended the deceased from.... 19 ... Q, and that death occurred at ... M, from the causes and on the date stated above. saw the deceased alive on..... DATE 22a SIGMATURE ATTENDING SIGNED death. Page 4
TO FUNERAL
director, page DIRECTOR PHYS. PHYS. Lecus t 22c. PHYSICIAN'S St., Cambridge Maryland 21613 James U. Thompson, NAME (Typa) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Mar 2, 1966 Dorchester Memorial Park Cambridge, Maryland Burial LeCompte Funeral Service, Cambridge, Maryland 25a. REC'D BY REGISTRAR | 25b., REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 1966 Mayley VR A1S (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) I. PLACE OF DEATH e. COUNTY b. COUNTY Dorchester Dorchester MERYLAND b. CITY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) write RURAL and give neagest town) Cambridge Days Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Cambridge-Maryland Hospital YES NO T Academy 3. NAME OF Yeer DECEASED Linda Мде Elzev DEATH Feb. 5.1966 (Type or print) 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years | IF UNDER I YEAR) IF UNDER 24 HR5. 8. DATE OF SIRTH last birthday) and Female Months Hours White October WIDOWED | DIVORCED T physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY . 1 12. CITIZEN OF WHAT COUNTRY (County & Stete or foreign country) done during most of working life, even if retired) Cambridge U.S. Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Betty Mae Wheatley Robert Lee Elzev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT 616 Academy Street (Yes, no, or unknwn) : Ilf yes give war or dates of service) Lee Elzev. Cambridge. Md. Robert INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (+)lowing appendectous x Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (IO) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury 'n Part I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stelle) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (i) (this hospital) attended the deceased from Co 196.6 and that death occurred at. ... M, from the causes and on the date stated above. saw the deceased alive opt 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, lown 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, Dorchester Memorial Park Cambridge, Md. O REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR'S VR A15 (4) Cambridge, Md. 15M 7-62

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a COUNTY b. COUNTY MARYLAND ve carbon papers. Pages 1 event, within 72 hours after C LENGTH OF STAY IN 16 emits, write RURAL and give nearest town n Dr-1019E completely filled in NAME OF HOSPITAL OR INSTITUTION TIE not in haspital, a ve street address) d STREET ADDRESS IS RESIDENCE ON A FARM NAME OF Middle DATE First Lost Doy Yea! DECEASED (Type or print) OF IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost buthday) Months Hours DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUÁL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13 FATHER'S NAME 14 MOTHER S MAIDENT NAM burial, cremation, or removal, e ottending phy permit Then IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 **INFORMANT** Address (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c)) INTERVAL BETWEEN burnal-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) yd bengis Poge 4 may be retained by the haspital or attending physician. DUE TO alonnerulone phritis Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse be detached for use as the State Dept, of Health prior to lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS ATTENDING PHYSICIAN: The CERTIFICATION PERFORMED? NO YES | O FUNITAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21 | certify that (#) (this hospital) ottended the deceased from 7/2-30 1965, 10 Fels , page 3 should be filed with the 1966, and that death accurred ot 0100 M, fram causes and an the date stated above. saw the deceased alive an Februal 220_SIGNATURE 22b DATE DIRECTOR 22c PHYSIC, AN S 22d. ADDRESS NAME (Type) director, should be 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) BURIAL, CREMATION, (County) Burial (Specify) Feb 27, 1966 Greenlawn Cemetery Cambridge, Maryland 2So 'REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

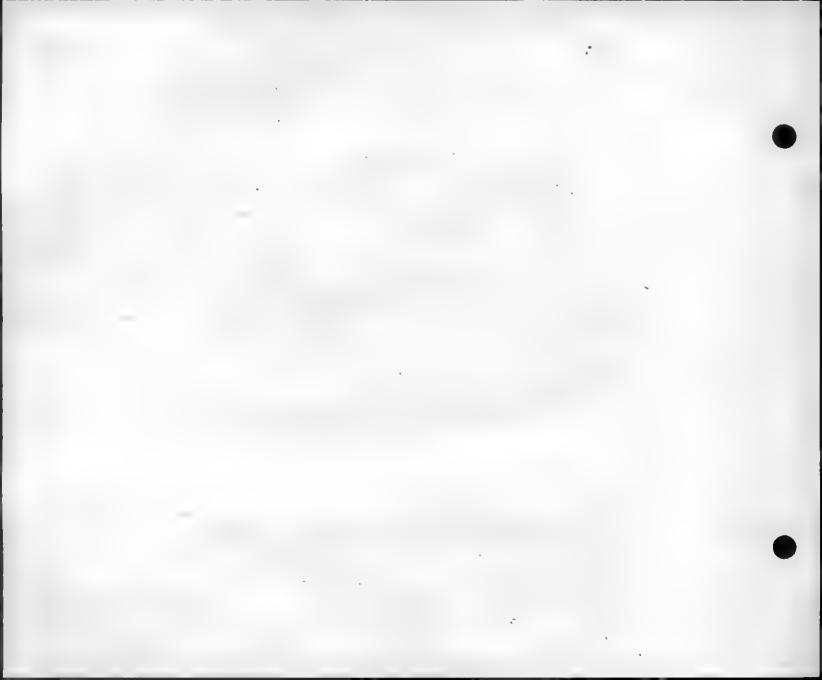


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

2 DSUAL RESIDENCE (Where deceased lived, if institut an Residence be

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deoth	deorth deorth	1. [LACE OF DEATH		2 USUAL RESIDENCE (Where decea		ice befoțe odm șsion)
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) I	700		SIMBYING E. A	und 6 mis-	d STREET ADDRESS		B IS RESIDENCE
7 2	d in Sers		MAME OF HOSPITAL OR INST TUTION AT not in	Hospital, d ve sileel dudiess)	d street Appress		ON A FARM?
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ote	E 6 9	5	EX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BRITH	9 AGE (In years FUNDER last birthday) Months	1 YEAR IF UNDER 24 HRS Days Haurs Min.
Xec	remov		19 10	WIDOWED DIVORCED	6-15-09	G YES	
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certificate be executed	ding physicion . Then please removal, and i		Mackanzie	Galdehermun	6 chilia 7	1/pming	
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that the deoth	permit.		18 CAUSE OF DEATH (Enter an y are cause	per line for (a), (b), and (c),)			INTERVAL BETWEEN
***	y the snsit permatic		PART I DEATH WAS CAUSED BY:	1) Phiopic mas	10 litis		SISET AND DEATH
4	on. by fron crer		IMMEDIATE CAUSE (a) DUE TO	1			1.
20	physicion. signed by the buriol-tronsit buriol, crema		Conditions, if ony, which gove) (b)	Cervicul spi	ne (4 m) com	rassim	7 rears -
ing			rise to immediate cause (a), (Λ Λ	1	
>	nding been s the ior to		storing the underlying couse (c)	3.1 Pulmonas	" sun bal	101	
0	ottending hos been se os the h prior to		PART II. OTHER SIGNIFICANT CONDITIONS CONT		HETERMINAL DISEASE CONDITION GIV	EN IN PART I(o)	19 WAS AUTOPSY PERFORMED?
The		ION	THE II. OTHER SIGNIFICANT CONDITIONS CONT			4-4	PERFORMED? YES NO
2	0 = 2	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING 🗆	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of inverse in Part 1 or Po	art If of item 18)	1 100
Ą	호 뜻 등 표	ERT	OR CONTRIBUTING CAUSE OF DEATH	205, DESCRIBE HOW INDOKT OCCORNED.	femal motors or substitution and to	er ii ot nom to.j	
PHYSICIAN:	e hospitol his certifica etoched foi Dept. of He		(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm, 20f	(City or lown) (Co	iunty) (State)
	the hospi this certi detoched e Dept. o	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.		ary, street, affice bldg , etc.)	tent at tourit	(51410)
200	After After I be d	2	p m. 19	at work L at work L	1/2 / 10/1	to Fb-16 19	16 4 - 181 - 15-
ATTENDING	Af A			tal) attended the deceased from	t death accurred at 3 1/4	M, from causes and an t	66, that (1) (we) las
E	CTOR: Should		saw the deceased alive an	1966, and that	deally accoused at 3 /41	The second secon	DATE SIGNED
	Witt		220. SIGNATURE	auso MI	ATTENDING MED.	STAFF D	AIC SIGNED
9	y be re		22c. PHYSICIAN'S	m.i	D PHYS L DIRECTOR 22d ADDRESS	Co mis. Co	
TA I	texal DIRECTOR: A or, page 3 should ld be filed with the		NAME (Type) CARLOS	F. BARRDSO MI	DES.S. HOSPIT	aL. CAMBRI	DEE Md.
O HOSPITAL	Poge 4 may Co FUNERAL director, pa	22				OCATION (City_pr Tawn)	(County) , (State)
3	Poge direct shoul	23)	REMOVAL (Specify)	11 1 1 1	7	de a la l	The state of the s
10	500 N	2	FUNERAL DIRECTOR	66 Caller Me	2 2Sa RECD BY REGIST	TRAR 25b REGISTRARS	SIGNATURE
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	ZU M 1700				/ C LUMBEL LJ / L		VA



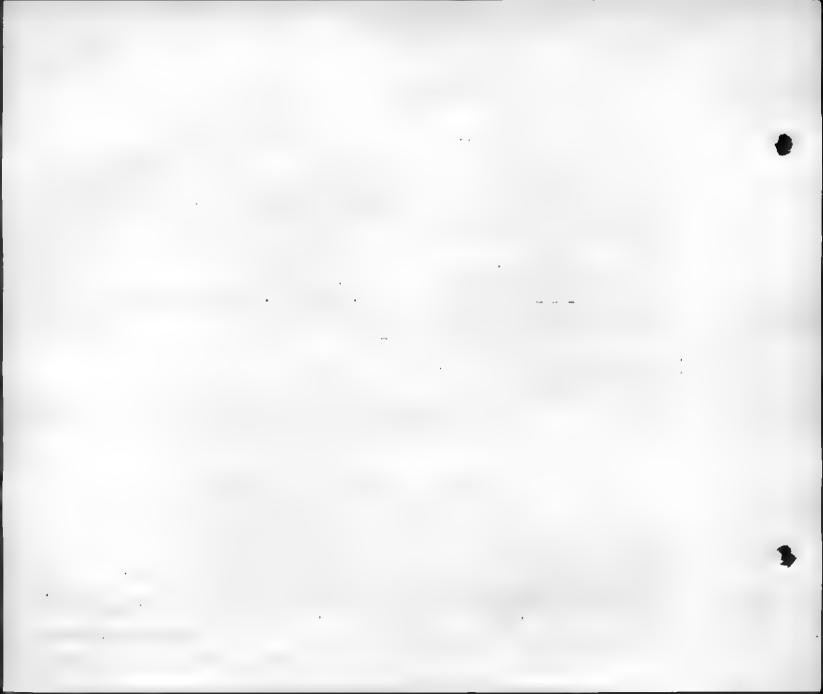
FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page-5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

MANYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1)2995

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1.	PLACE OF DEAT	H Thester	•			4	2. USUAL a. STATE		CE (Where d	aceased lived, If	Institution: Resid	_ ~	
					MARYL	AND		1 1002	-		Delici	162 661	
	b. CITY OR TOWN: Write RUBAL and Cambridge	lif outside con d give nearest	porate (imits, town)	2	LENGTH OF STAY	IN 1b		a town (cambri	_	orate limils, writ	e RURAL end giv	ve nearest to	own)
	d. NAME OF HOSPI			in hospital.	nive street addres	es)	d. STRFFI	ADDRESS				1 0. 15	RESIDENC
	Cambridge								inia Av	renue		10	A FARM
	NAME OF DECEASED (Typa or print)		THERESA	4	Middle A .	HE	NRY		4. DATE OF DEATH	Mont Fe			66
5.	SEX	6. COLOR	OR RACE 7. M	ARRIED	NEVER MARRIED	K 7 B.	DATE OF BIR	TH .	19	. AGE (In years	IF UNDER 1 YEA	R IF UND	ER 24 HRS.
]	Female	Whit	te l	DOWED _	DIVORCED		ay 8, 1	1963		2 yrs.	Months, Days	Hours	Min.
	NONE				OF BUSINESS OR I	INDUSTRY	_		or foreign eo	- 2	12. CITIZEN	OF WHAT	COUNTRY
13.	FATHER'S NAME	Emer	rsen T.	Henry	7		14. MOTHER	s MAIDEN					
	WAS DECEASED EV				IAL SECURITY NO		Emers	n T.	Henry	, Cambri	dge . Ma:	rybano	ì
-	IB. CAUSE OF				or (e) (b) and (c)	1	elemental des					INTERVAL B	FTWEEN
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	Conditions, if any	v. which	{b}										
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	(w), stating the u	inderlying	DUE TO										
	en use last.		(c)										
NOILY:	PART II. OTHE	R SIGNIFICAN	IT CONDITION	S CONTRIB	UTING TO DEATH	BUT NOT	RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	YEN IN PART 1(+)		ORMED?
CERTIFICATION	20a. EXTERNAL C. PRIMARY D or CO CAUSE OF DEATH.	INTRIBUTING		DESCRIBE H	IOW INJURY OCC	CURRED. (Enter nature of	Injury In P	ari i or Part li	of item 18.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	JRY Mont	h, Day, Year	20d. INJUI While at work	Not While		E OF INJURY y, straet, offic			y or town)	(County)		(State)
	21. I certify t	hat Litook		e remains	described abo	ove, held	l an Auton	sy X.	Inspection	, Inqui	rv 🗖 ar	nd in my	opinion
		_	_					Lund			· — —		opiiiioii
	death resulted	Irom, IN	atural causes	· XP /	Accident	Suicio		lomicide		idetermined n -	nanner		
	(/	0		\wedge		CHIEF	MEDICAL	EXAMINER [1			
	ACTUAL SIGNATURE	tas	infl	11	ce/		M.D.		ICAL EXAMIN L EXAMINER :		25/66	DATE SI	GNED
	EXAMINER'S NAME (Type)	John	Mace	Jr.	7.8.				city, town, or		ambride	e, Md	
22a	REMOVAL (Specific		27, 19		ercheste:			Park		ridge, l	n, or county)		lete)
23.	FUNERAL DIRECTO	DR hamanal	Sawri o	e Ce	ADDRESS	Marra	lend			1	SISTRAR'S SIGNA		
L	eCompte F	MIRLAT	DOT.ATC	ರ, ∪#⊾	IIMI TERES	Lierr 3	T-Grayer.	JAAD	1 10	and or	10-180 0	and all	

VR A15ME 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, if Institution: Residence before adm ssion) a. COUNTY b. COUNTY re Pages 1, 2, and 3 to the funeral director. Page PM3, Pages 5 may be retained for your files. Maryland Dorchester Department of death. Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporets limits, write RURAL and give necess) town) write RURAL and give neerest town) Me Sandy be retained for your and 2 with the State Departme within 72 hours after death Hurlock DOA ambridae d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Cambridge-Maryand Hospital YES TO NO ST 3. NAME OF 4. DATE Middle Day DECEASED February (Type or print) Jacobs DEATH Emco 19 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. bease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3, Pages 3 may be FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages-Land 2 with the 6. COLOR OR RACE 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T last birthdayl Months Aurust 23, 1891 Male Thite WIDOWED TO DIVORCED [10a. USUAL OCCUPATION (Glva kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Crecon. Illinois TISA petired Farmer Farming event 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME In any Christian Jacobs Bessie Schrowder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO.1 17. INFORMANT Address [Yes, no, or unkown] [(If yes give war or dates of service) and Yes Mrs. Elizabeth Gorman, Hurlock, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN or removal, ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Instnat IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) cremation, gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16-31 19. WAS AUTOPSY CERTIFICATION to burial, PERFORMED? NO R 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | or its designated agent, prior 7 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stete) factory, street, office bldg., atc.) While Not While WED st work - at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Homicide [Undetermined manner Accident Suicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Jr. John Mace N.D. NAME (Type) Address (Street, city, town, or county) (ambridge. TO FE. 228. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county REMOVAL (Specify) East New Market Cometery Burial East New Market, Marvl 248 REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIMECTOR Josef Tampton and Son, Federalsburg, Maryland YR ATSME 5M 1/63



VR AI5 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

a. IS RESIDENCE

YES

Day

12. CITIZEN OF WHAT

19.

(County)

22b. DATE SIGNED

2-3-66

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INTERVAL BETWEEN

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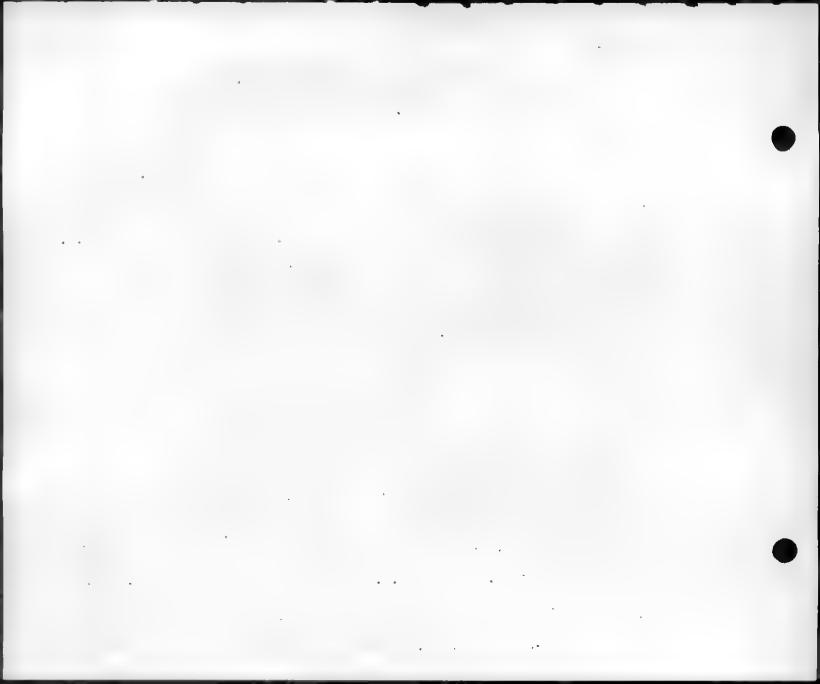
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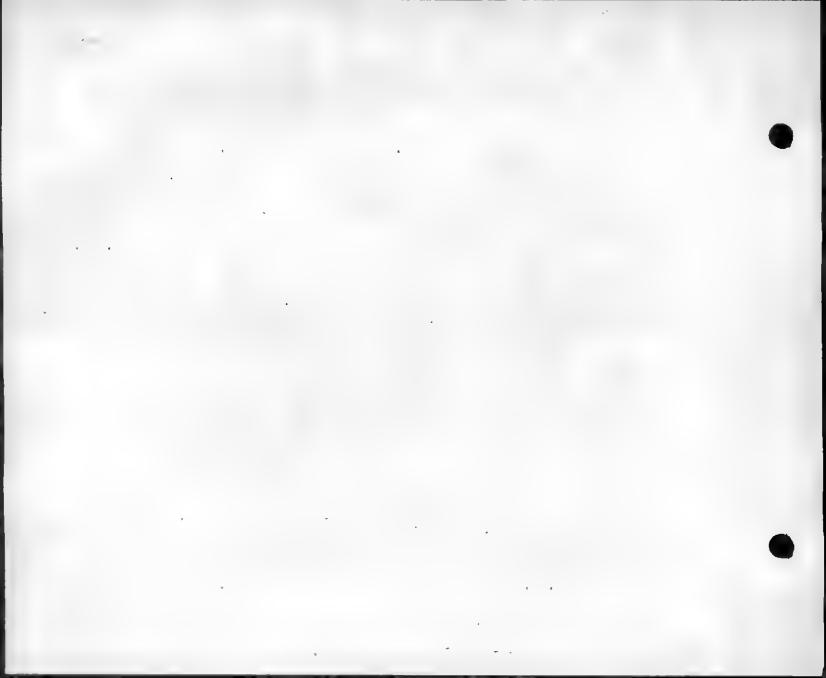
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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н		a. COUNTY	ORCHEST	TED				famus sam	a. STATE	Mo.		b. cour	ITY Q	.A.		/
					e limit	s. 1 (c. LENGTH OF	MARYLAND STAY IN 1b	c. CITY OR TOWI		e corp	orate limits, wi			ve near	st town)
-1	n I I	b. CITY DR TOW Write RURAL	and give ne	arest tow	n)	,	_	SIAI III IU	II				100 1101011		. 41	1
	K U	RAL CAME					2 YRS.		R.F.D.		TER	TOWN		17	-0	
_	_	d. NAME OF HO						eet address)	d. STREET AODR	ESS				•	ON A	SIDENCE FARM?
3	E	ASTERN S	HORE S.	TATE	Hosi	PITAL								3	YES X	NO 🗌
-1	3.	NAME DF		FI	rst		Middl	6	Last	4.	DATE	Mont	h	Day	Ye	ar
-1		DECEASED (Type or print)		HA	RR Y				KNIGHT		DEATH	FFB.	. 17		19	66
	5.	SEX	6. COLOR C	R RACE	7. MAR	RIED	NEVER MA	RRIEN IY	8. OATE OF BIRTH		9.	AGE (In years	LEUNDER	1 YEAR		
П		M A 1 P				OWED [ORCED [7]	12/5/78			last birthday)	Months	Days	Hours	
d	10a	MALE USUAL OCCUPAT	WHITE			- Inneres	aJ		12/3/70	E /County 2	Chain I	87 yrs.	1 12 6	ITIZEN	DE WHA	T
-1	dur	ing most of work	ing life, even	If retire	d)	IND	USTRY	35 OK		E (Count) a	OME:	or sercific control	, 12. C	OUNTRY	7	
-1		ETIRED F							PA.					U.	S.	
-1		FATHER'S NAM	_						14. MDTHER'S							
	M	ILLIAM K	N 1 GHT						Louis	SE MAR	KLE	Y				
		. WAS DECEASED s, no, or unkown)				16. SC	CIALSECURI	TY NO. 17.	INFORMANT			Addre	SS			
	(10		(11 Jez Blie al	o or Gates o	1 3011160)		-	1	HOSPITAL R	ECORO	S					
	- 1	18. CAUSE DF	DEATH (Ente	r only on	e cause	per line	for (a), (b), a		-		-			INTE	RVAL BI	ETWEEN
	- 1		EATH WAS CA	USED BY	:	_	eum								ET AND	
	- 1		IMMEDIAT	E CAUSE	(a)										Cirl	1
	- 1	The state of the s	1	DUE	TO	9,	neral	debi	li ta					12	hol	201
- 1	ŀ	Conditions, If gave rise to)	(b)	-	V C-7 V C							_	0	
		cause (a), s		DUE	TO											
	_	underlying caus)	(c)											
	CERTIFICATION	PART II. OTHER	SIGNIFICANT	CONDITIO	NS <u>CDN</u>	TRIBUT	NG TO DEATH	BUTNOTRELA	TED TO THE TERMIN	VAL DISEAS	ECOND	ITION GIVEN IN	PART 1(a)	19.	WAS A	UTDPSY RMED?
	2													YE	S 🔲	ND X
3	Ë	20a. ACCIDENT	WAS UNDER	LYING	2	Ob. DE	SCRIBE HOW	INJURY OCCU	JRRED. (Enter natu	ra of Injury	In Par	rt I or Part II o	f Item 18	3.)		
	띵	DR CONTRIBUT (IF EITHER, NO	TIFY MEDICA	L EXAMI	NER)											
Ų	룄	20c. TIME OF	INJURY Mon	ith, Day,	Year	2Dd. INJ	URY OCCURRI	ED 2De. PLA	CE DF INJURY (Hom	ne, farm,	2Df. ((City or town)	(Co	unty)	i	(State)
	MEDICAL	Hour a.			_ i	While, -	Not While	facto	ry, street, office bld	lg., etc.)						
Н	Σ		m.	19		t work L	at work		2/0	70.51	_	0/47			D 485	I. A
			-		oital) a'	ttended 17	the deceas		2/9			2/17				
			ceased alive	e on		/1/	19 00	2_, and tha	t death occurred			m the causes	and on	the date	e state	d above.
		22a. SIGNATU	11. Onl	C.	NA				ATTENDING L	MED.	•M•_	STAFF -				
			O V V VV		100	m	170	M.C). PHYS.	DIRECT	TOR _	PHYS.		2/17/	/66	
	ŀ	22c. PHYSICIA NAME (T	ype) C	20.10	E	Rico	os o, M.	D	22d. ADDRES							
												CAMBRID		in.		
	23a	REMOVAL (SO	aclifu)	DATE	THEREO				OR CREMATORY		d. LOC	CATION (City, t	OWN OF CO	junty)	(5	itate)
	Æ	JULIAL	1	1211	196	6	Wm. P	ENN	CEMETER	ey /		ADELP		£	NNA	,
	24.	. FUNERAL DIR	ECTOR				ADDRES	S	25a.	REC'O BY	REGIS	TRAR 25b. R		e's sign	ATURE	
	1	ECOMPT	= FUN	ERA!	SE	evica	- Cami	28170-0	- MD DATE	FR 2	1 10	28 220	lemel	20 0		



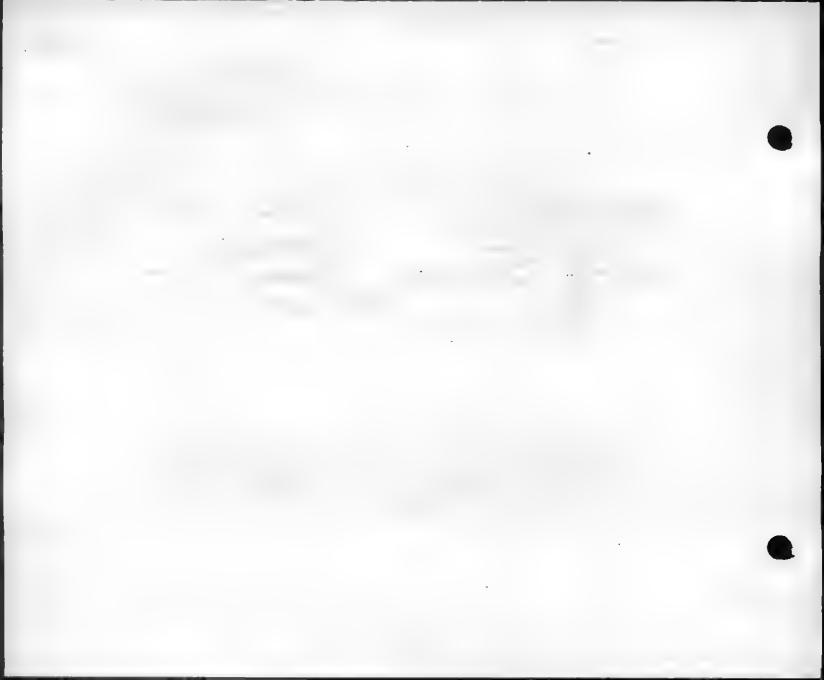
1 M		division of statist				ON STREET, BALT	IMORE 1, MAR	RYLAND 031
after death. the funeral ges, and 2 after death		E DF DEATH	1 1 1			CE (Where deceased lived,	If Institution: Reside	ence before admission)
in in its and	D	orchester		MARYLAND	a. STATE Maryland	1	Do	rchester
> 4	b. CI	TY OR TOWN (If outside corporate RURAL and give nearest	rate limits, cown)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporete iimi	ts, write RURAL and	give nearest town)
8.5.8	C	ambridge			Cambridg			10 OFFICE NOT
24 hours filled in papers. P	Q. Ni	AME OF HOSPITAL OR INSTITU	TION (If not in h	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
ithin 24 hately filled bon papers, within 72 i		ambridge Maryla			514 Ceda			YES NO X
executed within and completely if remove carbon promotes and any event, within	3. NAMI DECE	ASED	First	Middle	Last	4. DATE OF	Month I	Day Year
ted wi	Type 5. SEX	or print)	Napole		Matthews 8. DATE OF BIRTH		ruary	17 19 66 EAR F UND ER 24 HRS.
cute ove y ev	3. SEA	6. COLOR OR RAC	7. INDUCTED			last birth	iday) Months Day	ys Hours Min.
execunate and second in any	In Hell	ale colored	WIDOWED	DIVORCED IND OF BUSINESS OR	January 31.	-1966 3 County & State, or foreign o	yrs. 16	6 18 146 EN OF WHAT
Se iian	during m	ALOCCUPATION (Give kind of we ost of working life, even if ref	ired)	NDUSTRY			CONN	TRY?
death certificate I the attending physic permit. Then plea ation, or removariza	13 FAT	One Her's name	1.	none	Dorcheste	er - Marylane	d U.S.	,A
35E)		_						
death certificate re attending physi pernit. Tren ple tion, or removatra	15. WAS	ames Leroy Cope	EDRCEST 16.	SDCIAL SECURITY ND. 17.	INFORMANT	Lorraine Til	Addrass	
in the state of th	(Yes, no,	or unkown) (I fyes give war or dai				(Cambridge,	Maryland
de d		DO L CAUSE DF DEATH (Enter only	One cause per	none	Ardenia l	latinews	514 Ced	NTERVAL BETWEEN
		PART I. DEATH WAS CAUSED	BY:	Hada	U rospr	Alus		ONSET AND DEATH
hat ciar tra tra		IMMEDIATE CAU		7				
hysign sign urial	Cone	ittions, if any, which \	UE TO	-				
law require attending pl has been s e as the bu	gave	rise to immediate	(b) UE TO					
a the state of the		e (a), stating the (Eerlying cause last,)	(c)					
The law requires that to a stending physician. The has been signed buse as the burial-transath prior to burial, creath prior t	PAR	TII. OTHER SIGNIFICANT COND	TIONS CONTRIB	UTING TO DEATH BUT NOT REA	ATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	PAR 20a. OR (IF I	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE EITHER, NOTIFY MEDICAL EXA	EATH MINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury in Part I or Pe	rt II of Item 18.)	
PHYSICIA the hospi this cert detached e Dept. of				NJURY OCCURRED 200, PL	ACE OF INJURY (Home,	farm, 20f. (City or to	wn) (County	(State)
5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	MEDICAL 20c	Hour a.m. p.m.	While 19 at wor	k at work	ory, street, office bldg.,			
ATTENDING retained by CTOR: After Should be vith the State	2	1. I certify that (I) (this h	ospital) attend	ed the deceased from_	Jan. 31 ,	19 66 , to Feb.	17, 19_66_	, that (I) (we) last
Transfer at the state of the st		aw the decrased alive on	Jani 1	6 19 66 , and the	at death occurred at	6: 15 M, from the ca	uses and Dn the	date stated above.
Be red w	228.	SIGNATURE	W.	1	D. PHYS.	MED. STAFF		· viditao
AL DA PAR	220.	PHYSICIAN'S	A STATE	M	D. PHYS. ADDRESS	DIRECTOR PHYS.		
HOSPITAL age 4 may FUNERAL I rector, pag ould be file		NAME (Type) Dr. J	Fdwin !	Fassett	727 Pi	ne St. Cambr	idge, Mary	'land
Page Page of FUN direct should	23a. BU	RIAL, CREMATION, 236. DA	TE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (C	Olty, town or county	y) (State)
5 5 5 A	I RE	MOVAL (Specify) 2/18	11966-	Waugh Ceme	etery	Cambrid	ge, Mary	rland
0		NERAL DIRECTOR	21	ADDRESS		EC'D BY REGISTRAR 2:	5b, REGISTRAR'S S	IGNATURE
VR A15 (4)	Ille	her WANTE	laus	Cambridge	Md. DAFE	B 2 5 1966	Jelianles	Judge
13W 4-04			7	/				1 0



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) a. COUNTY b. COUNTY Derchester Maryland Dorchester 4 P by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town? Tá fa Cambridge Cambridge 5 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hspital Travers Court TON YES [npletely papers. in 72 ho 3. NAME OF M'ddle DATE Month DECEASED FLORENTINE HORTENSE MEREDITH (Typa or print) February 22 DEATH 19 66 withi rbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. and lest birthdey) Female White Oct. 12, 1887 Months Car WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY? School Teacher Then please remo Public School Derchester Co., Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME McKenney White Meredith Rewena Gertrude Vickers 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT removal (Yes, no, or unkown) (Ifyesgivewarordelesofservice) Mr. Thomas V. Meredith, Cambridge, Maryland Unknown permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN و SINSET AND DEATH hemornage ö PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) signed urial-transit DUE TO Conditions, it any, which geve rise to immediate cause DUF TO (a), stating the undarlying 昪 cause lest. PARTUM-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO D prior 20e. ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Port I or Part II of Item 18.) ٥ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20a. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Slete) fectory, street, office bldg., etc.) Hour a.m. While Not While ŏ et work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from...... plnous saw the deceased alive on X 22. SIGNATURE 22b. DATE SIGNED FUNERAL rector, page 3 PHYS. DIRECTOR M.D. HOSPITAL 22d. ADDRESS PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOYAL (Specify) O.F.B Feb 25, 1966 Derchester Memerial Park Cambridge, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR (25b. REGISTRAR'S SIGNATURE LeCempte Funeral Service, Cambrid ge, Maryland 20M S-63



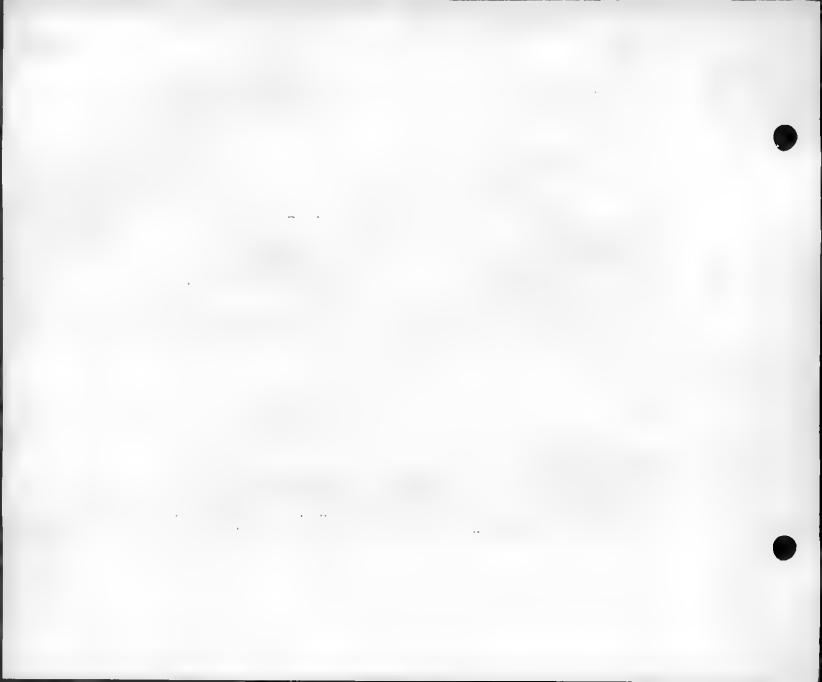
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death PLACE OF DEATH 8. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY by the tu attending physician and completely filled in by the familt. Then please remove carbon papers. Pages 1 n, or removal, and in any event, within 72 hours after MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) c. LENGTH OF STAY IN 1b IS RESIDENCE
ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET NO X YES executed within 3. NAME DE DATE Month Midele Last DECEASED OF DEATH 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF 7. MARRIED NEVER MARRIED [(ast birthday) Months Hours DIVORCED { WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY WHA KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) that the death certificate Be INDUSTRY MAIDEN NAME FATHER'S NAME 0 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN Address FUNERAL DIRECTOR: After this certificate has been signed by the attend ricetor, page 3 should be detached for use as the burial-transit permit, nould be filed with the State Dept, of Health prior to burial, cremation, or ry 16. SOCIAL SECURITY NO. (1) Yes pive war or dates of service) (Yes, no, or unkown) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. Failure ve Heart olnfaction. And Chronic Congestive Conditions, if any, which gave rise to immediate DUE TO (a), stating the underlying cause last. (c) Canersiined arteri underlying cause last, asleerasi WAS AUTOPSY CERTIFICATION PERFORMED? emiplegia moerate NO R YES [204. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1206. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death decorred al M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 2/7/66 22a. SIGNATUR ATTENDING MED. DIRECTOR STAFF M.D. PHYS. PHYS. PHYSICIAN'S 22d. ADDRESS director, p should be t NAME (Type) 1d Preston Maryland FP ummer NAME OF COMETERY (City, town or. CREMATION, 23b. DATE THEREOF 2 REC'D BY REGISTRAR REGISTRAR'S SIGNATUR FUNERAL DIRECTER 25b. VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, RAITIMORE, MARYLAND, 21201

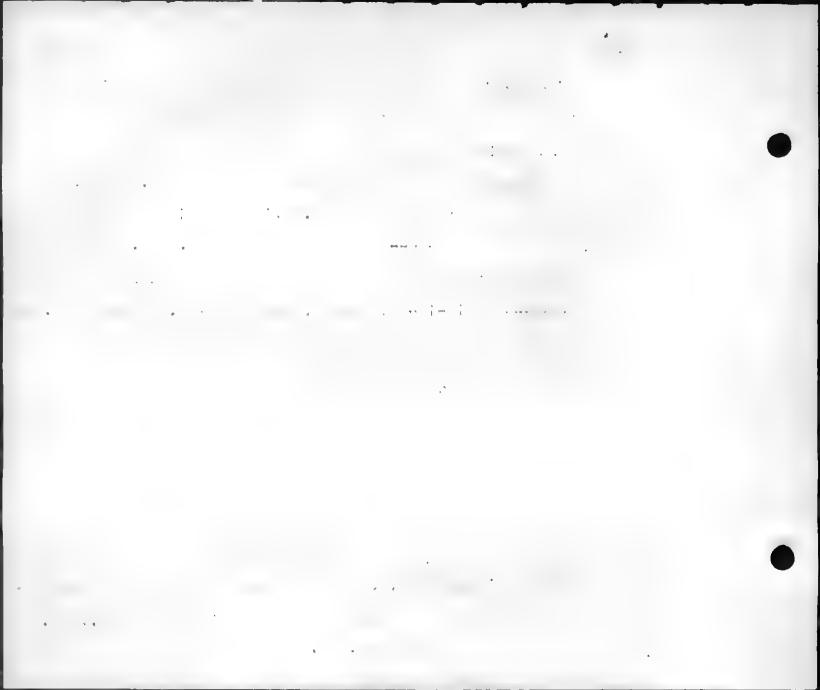
02278	3		CERTIFIC	ATE	OF DEATH	,	,		02234
1 PLACE OF DEAT	1				2 USUAL RESIDENCE (V	Vhere deceas	ed lived, if institut	on Resident	e before adm ssigh)
a. COUNTY	1		MARYLAN	n	a STATE	1 1	b cour	_	
5 CITY OR TOWN	hester (Foutside carporate limi	15,	C LENGTH OF STAY IN 16		c CITY OR TOWN (If an	tside corpara	te limits, wr te RUF		merset.
	and give nearest tawn)		8 mos		Prin	cess A	nne		
d. NAME OF HOS	PITAL OR INSTITUTION (If n		give street oddress)		d. STREET ADDRESS	CGDB A	Title ;	*	B. IS RESIDENCE ON A FARM? YES NO.
	Shore Sta t				<u> </u>				
NAME OF DECEASED		erst	Middle		Last	4 DATE OF	Mont		Doy Year
(Type of print)		lian			iles	DEATH			19 66
SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED] [DATE OF BIRTH	9	AGE (In years last birthday)	JF UNDER 1 Manths	YEAR IF UNDER 24 HRS Days Hours Min
Female	White	WIDOWED	DIVORCED []	01-28-81		85 yrs.	17-01111-3	0013 NO013 MIII
luring mast of wark	ON (Give kind of work done ng life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	& State, ar fo	reign country)	£01	ZEN OF WHAT INTRY?
T OS 3. FATHER S NAME	CHEL				Maryland 14. MOTHER'S MAIDEN	NAME		USA	
	Franklin H	ames			Nannie	Lola	Ward		
IS. WAS DECEASED	VER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. II	NFORMANT	2020	Addre	22	
i es, nu, ur uriknow	i) (ii Aez diae wai ai agrez	al selvice)		Re	cords of the	e East	ern Shor	e Sta	te Hospital
	DEATH (Enter only one co	use per line far	(a), (b), and (c)),		12 . 1 1	9			INTERVAL BETWEEN
PART I. E	EATH WAS CAUSED BY. IMMEDIATE CAUSE	(a) al	ul totypo	ca:	deal of	ufar	chon		ONSET AND DEATH
420	- 1	TO	+ 0	1		1			
	nγ, which gove	(b) ar	leriols & Co	ra:	train .				
	iate couse (a), DUI	10							
lost.	derlying couse	(e)							
<u> </u>	SIGNIFICANT CONDITIONS	CONTRIBITING	TO DEATH BUT NOT RELATED	10.1	HE TERMINAL DISEASE COM	IDITION GIVE	N IN PART I(n)		19 WAS AUTOPSY
5	Chromie	Braz	1		1				PERFORMED?
5 20m ACCIDENT	WAS UNDERLYING [2]	100	SCRIBE HOW INJURY OCCUR		Enter nature of injury in	Port Lar Port	t II of item 18)		1 1. L
OR CONTRIBUTE	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	100 0	SCHOOL HOW MISORY OCCUR	urb (Enter the least of the least the	1011101101	1 11 01 110111 10.)		
20c TIME OF	NJURY Month, Day, Year	20d. I While			E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(City or town)	(Cou	inty) (State)
	р.т. 19	at war	k 🔲 at wark 🔲						
			ded the deceased fra	m_(05-19		0 02-02-		66 that (I) (we) la
	deceased alive arQ	2-02-	19 <u>.66</u> , and	that	death accurred at	5:20PM	1, fram causes		
22a. SIGNATU	RE ISS	11.			ATTENDING	MED	STAFF -		ATE SIGNED
1cl	apo Mis	Home?	year,	M.C). PHYS	DIRECTOR	PHYS. D	1 2-	2-66
22c PHYSICIA NAME (T	pe)FELIPE	M. Do	MINCUEZ	H.	22d. ADDRESS ES. S	· H .			
230_BUR AL, CREMI		IEREOF /	23c NAME OF SEMETER	Y OR (REMATORY	23d LO	CATION (City of To	wn)	(County) (State)
BUNG (Str	al 2/5	166	I Tom	0	Cimeta	no	hur	The	4
24 FUNERAL DIRE	TOR		ADDRESS	~}	250 REPT	BY REGISTR		GISTRAR'S SI	GNATURE
Ler	no Wilson	m/n	mores a	m	O THE B	8 1	966	'arta	o Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending obyscian and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, cremation, as tempth, and in any event, within 72 hours after deapth.



1				MARYLAND ST Division of STATISTICAL RESEARCH AND	RECORDS,	PARTMENT OF , 301 W. PRESTON	HEALTH STREET, BA	ALTIMORE 1, MA	RYLAND
FOR S	TATE	٠.		92279 MEDICAL EXAMI	NER'S	CERTIFICATE	OF DEA	ATH	02235
HEALTH	DEPT		1.	PLACE DF DEATH		2. USUAL RESIDENCE a. STATE Marylan	(Where deceased	lived, If Institution: Re b. COUNTY Caroline	✓
funeral nay be	death.		_	Dorchester b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge		c. CITY OR TOWN (IF o	outside corporet	e limits, write RURAL	
5 5 7	Depar efter			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give str	eet address)	d. STREET ADDRESS			e. IS RESIDENCE
ay to	State hours	12		Eastern Shore State Hospital		519 Fra	nklin St	reet	YES NO DO
any del 2, and PM3.	he Si		3.	NAME OF First Middle (Type or print) Mary		Last Mod esitt	4. DATE OF DEATH	Month February	Day Year 9 1966
₩. I. E.	(夏)		5.	Female White WIDOWED X DIV	RRIED 8	08-27-76	9. AGE	E (In years IF UNDER) t birthday) Months 89 yrs.	Days Hours Min.
ter death Sive Page 3 with fo	1 and revent		10a dur	USUAL OCCUPATION (Give kind of work done IDD. KIND OF BUSINE INDUSTRY HOUSewife	SS OR	11. BIRTHPLACE (St.	_	ountry) 12. Cl	TIZEN OF WHAT UNTRY? .S.A.
18. (along	iges any	1	13.	FATHER'S NAME	-	14. MOTHER'S MAIDE			O A A
hour Tem	File pa			Thomas Moore		Emma Aud	rew_	644.00	
124 III II	-		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI		INFORMANT		Address	** 7
rithir encil iner's	permit. removal			18. CAUSE OF DEATH [Enter only one cause par line for (a), (b).		ospital Reco	rds	Cambridge.	INTERVAL BETWEEN
in p				PART I. DEATH WAS CAUSED BY: CONGESTIVE		FAILURE			ONSET AND DEATH
S F C	transition, or			1/34/ DUE TO					
endi edic	burlal-trac cremation,			Conditions, if mny, which geve rise to immediate (b)					
ef W	60 m	ļ		cause (a), stating the DUE TO					
should word Chief	ed as burial		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUTNOTRELA	TED TO THE TERMINAL D	ISEASE CONDITIO	ON GIVEN IN PART 1(B)	19. WAS AUTOPSY PERFORMED?
ficate the the	used to bu	2	CATI	CHRONIC BRAIN SYNDROME.	ARTERI	OSCLEROSIS			YES NO
	ould be		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	INJURY OCCU	IRRED. (Enter nuture of	injury in Pert I	or Part II of Item 18.)
IER: This cer icate, writin e forwarded	3 sh agen		MEDICAL	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. While p.m. 19 at work at work	ED 200 PLAG	CE OF INJURY (Home, far ry, street, office bidg., et	m, 20f. (City c.)	or town) (Cou	nty) (State)
amily ertif	t: Page gnated			21. I certify that I took charge of the remains describe	d above, hel	ld an Autopsy 🔲,	Inspection [🔭 Inquiry 🦳,	and in my opinion
Should sh	OR: esign			death resulted from: Natural causes 🔀 Accident	_, Sui	icide 🔲, Homicid		letermined manner	
te the track	REC.			ACTUAL VIII 201	Q	CHIEF MEDICAL	EXAMINER []		22. DATE SIGNED
Pag	5 5	9		SIGNATURE	7	M.D. ASSISTANT WEDICA		x	2/10/66
tor.	FUNERAL Health	1	_	EXAMINER'S JOHN MACE JR.			city, town, or o		
TO DEPUT please (director.	TO FU	(h	238	(DEMOVAL SPECIE) POB. 12, 1966 SP	RINGH	FILL	1275		10
VR AL	5ME (5) 1/65	B	24	FUNERAL DIRECTOR ADDRES	Deut	DATE DATE	D BY REGISTRA	R 25b. REGISTRAR	S SIGNATURE
	-,					FEB	1 5/ 199	al Marl	en Judges





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence bafora admission) . COUNTY b. COUNTY Dorchester by the and 2 death. Maryland Dorchester MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town] === Cambridge Cambridge Pages urs afte filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE papers. Pag n 72 hours a ON A FARM? Cambridge Maryland Hospital Sandy Acres YES NO K completely 3. NAME OF Middle 4. DATE Month DECEASED and comp carbon pa nt, within RITH PAYNE SEWELL February 22, DEATH (Type or pant) 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX leat birthdey) Female White Nev. 7, 1893 Months WIDOWEDT DIVORCED [-femove 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Chicago, Illienois USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Ward Sewall 5.6 Mary Franklin affen Then loval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [Ifyesgivewerordetesofservice] Mrs. Dorothy P. Book, Cambridge, Maryland Unknown en signed by the I-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN 9 ONSET AND DEATH physic PART I. DEATH WAS CAUSED BY: emation, IMMEDIATE CAUSE (e) ending **DUE TO** has bee e burial b gave rise to immediate cause ŧ **DUE TO** (a), stelling the undarlying certificate ha hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPS 0 CERTIFICATION PERFORMED? prior NO YES | for 20s. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DIRECTOR: After this I should be detached for a State Dept. of Health p OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f, (City or lown) (County) Month, Day, Year factory, street, office bldg., etc.) While Hour a m. Not While at work et work D.M. 21. I certify that (I) (this hospital) attended the deceased from the form 190.5¢, that (I) (we) last19. 12.6, and that death occurred a local M, from the causes and on the date stated above saw the deceased alive on.... 22b. DATE 22a SIGNATURE SIGNED ATTENDING death. Page 4 rector, page HOSPITAL PHYS. DIRECTOR 22d. ADDRESS 22e. PHYSICIAN'S Locust St., Cambridge, Maryland NAME (Type) Thempson. James 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 238. BURIAL, CREMATION, | 23b. DATE THEREOF O F & REMOVAL (Specify) Nev 24, 1966 East New Market Cemetery East New Market. Maryland 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15 (4) 2DM S-63



1.9 • (

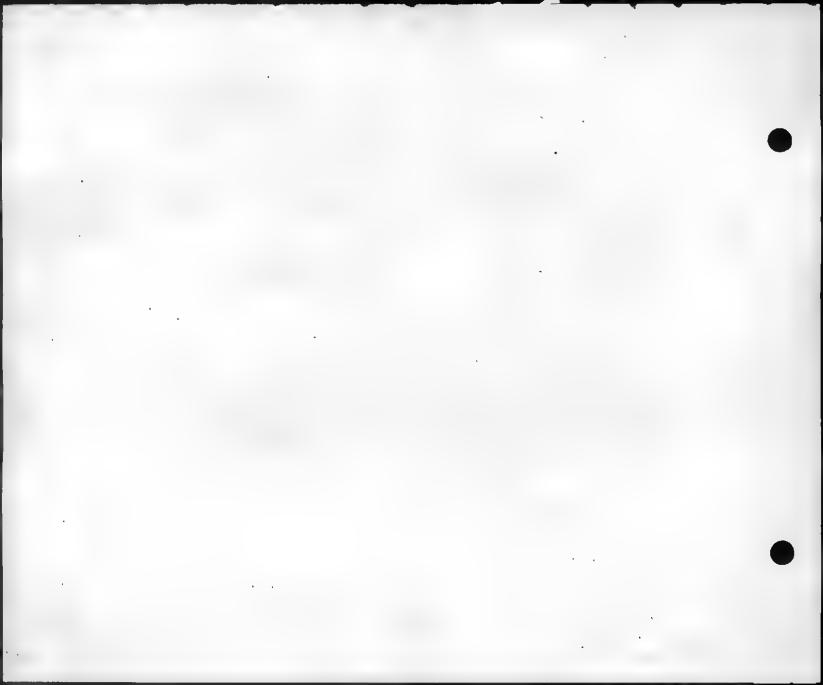
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then press remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND	STATE DEPART	MENT OF H	IEALTH	
	ATISTICAL RESEARCH A	ND RECORDS, 301 \	W. PRESTON	STREET, BALTIMORE	
32283	CE	RTIFICATE OF	DEATH		02939

OMMO	MIXITI TOTAL	OI DENTIL		0 4000
1. PLACE OF CEATH B. COUNTY			deceased lived, if institution: i	Residence before admission)
Dorchester	MARYLAND	a. STATE Massila	b. COUNTY	comico
b. CITY OR TOWN (if outside corporate limits. c. LE	NGTH OF STAY IN 1b	c. CITY OR TOWN (If ourside		
welth RURAL and give nearest town)	2 days	Pittsville		
d. NAME OF HOSPITAL OR/INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS		0. IS RESIDENCE
Eastern Shore State	Hach'tal			YES NO X
3. NAME OF FIRST	1705/174/	Last 4. DA	TE Month	Day Year
DECEASED	_	1) i) OF		
(Type or print) - OUISE 5. SEX 6. COLOR OR RACE 7 MARRIED NI		SOICH I	9. AGE (In years IFUNDER	10 1966 1 YEAR INF UNDER 24 HRS.
MARKIED X N	TEK MAKKIED	1 / 100 1	Jast birthday) Months	Days Hours Min.
FEMALE WILDOWED WIDOWED	DIVORCED	4-3-1879	2 G YTS.	TARREST OF WHAT
10a, USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)	BUSINESS OR	11. BIRTHPLACE (County & St		OUNTRY?
Lenk		VIYGINI		W3H.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	Ē	
UNKNOWN		UNKNOW	/V	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes give war or dates of service)	SECURITYNO. 17.	INFORMANT	Address	, 0 1 1
unk v	/	nedical Beco	rds \$35 H	Enbrider
18. CAUSE OF GEATH LEnter only one cause per line for	(a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pul W	lonary e	mbolism		ONSET AND DEATH
116.00	a Charter A	7.17.3.0		
	iosclero	sic		15 years.
gave rise to immediate	0000000	0.1.0		
underlying course last				
	O DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE O	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ITK.				PERFORMED YES NO IX
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRI	BE HOW INDERY OCCUR	RRED. (Enter nature of Injury I	Part I or Part II of Item 18	
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DE 11017 1113011 00001	there (enter notate of inger) is		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. While not be at work of a		E OF INJURY (Home, farm, 20)	f. (City or town) (Co	unty) (State)
Hour a.m. While No	t While	J. an earlanteaning, etc.)		
21. I certify that Ar (this hospital) attended the		Druggy 7 1966	to February 10 196	6, that # (we) last
saw the deceased alive on Fibruary 10	1966 and that	death occurred at Z.A.M.	from the causes and on i	
22a. SIGNATURE	3 2110			DATE SIGNED,
Carlos F Barros	M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF 2	2/10/66
22c. PHYSICIAN'S		22d. ADDRESS	4	1
NAME TYPE RLOS F. BARROSC	>	ESS, Hospital	CAMBRIDGE	Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY		LOCATION (City, town or co	ounty) (State)
BURIAL (Specify) 2-13-66	Xt STE	PHENS I	ELMAR.	- DEL
24. FUNERAL DIRECTOR	ADDRESS		EGISTRAR 25b. REGISTRAR	'S SIGNATURE
Charles M. Marund	to olans	as OFFR 15	1956 Poliante	in Judge
Comment of the state of	and the second	, , , , , , , , , , , , , , , , , ,	1000 /	V / /



TO FINERAL DIRECTOR: After this certificate has liven signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. 63

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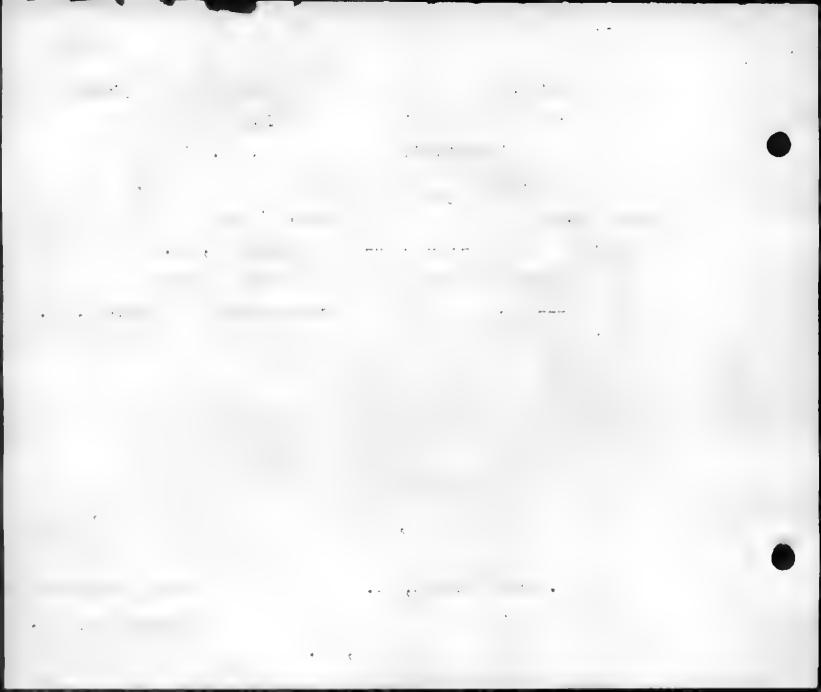
MARYLAND STATE DEPARTMENT OF HEALTH

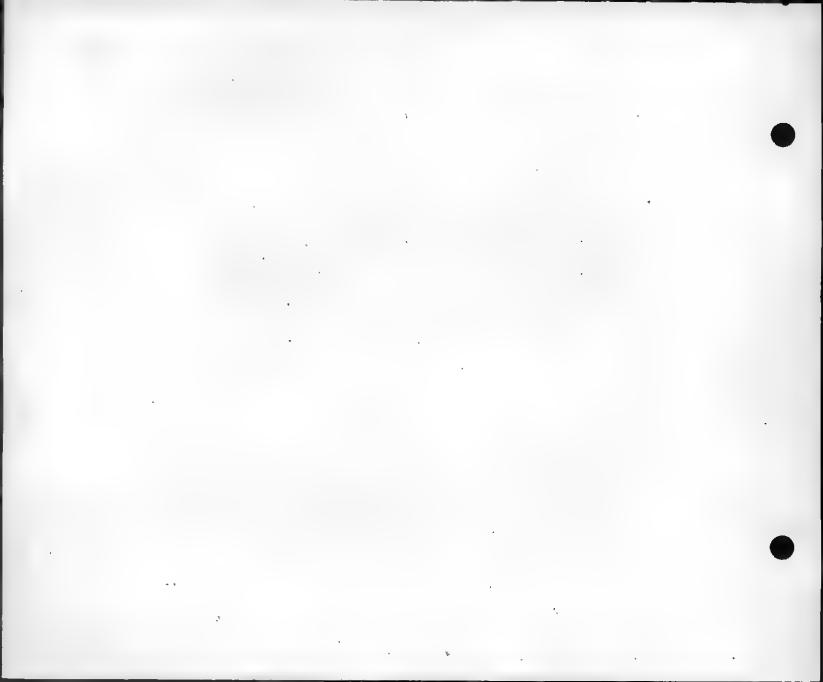
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

() 224() 02284

1.	PLACE OF DEATH a. COUNTY		E (Where deceased lived, If Institution: R	esidence before admission)
	Dorchester MARYLAND	a. STATE	yland b. COUNTY	- 'ntrategn
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		outside corporate limits, write KURAL	LIG SING LOCK STROWN)
	Cambridgde Life	Grea	inne	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
-	Cambridge Maryland Hospital		F.D. #1	YES NO
3.	NAME OF First Middle OECEASED	Last	4. OATE Month	Day Year
	(Type or print) Agnes	Skinner	DEATH HAD	4 19 66
5.	V. BIGHTIED TO HEADY INFANTED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 BRS. Days Hours Min.
	male Negro WIDOWED DIVORCED	June 1, 19	23 42 yrs.	
10a durl	.USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPEACE (Co		ITIZEN OF WHAT DUNTRY?
	Lborer	Dorche 14. MOTHER'S MAID	ster. Md.	USA
13.	FATHER'S NAME	14. MOTHER'S MAID	DEN NAME	
	Heward Elliot	Vice	la Jenkins	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no., or unknown) ((If yes give war or dates of service)	INFORMANT	Address	
(10	No	Viola Jer	kins Cambrid	na ma
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ATOTA DOL	ik tus Gamberto.	INTERVAL BETWEEN
	DART I BEATU WAS CAUSED DV.	L T) 1		ONSET AND DEATH
	IMMEDIATE CAUSE (a) Cor onary Hear	t Disease		
	7201 DUE TO			
	Conditions, If any, which (b)			
ı	gave rise to immediate (
	underlying cause last. (c)			
S.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL C	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICAT	Large Thoracic and Abdominal Ao			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of	Injury in Part I or Part II of Item 18.	.)
¥		CE OF INJURY (Home, fa		inty) (State)
MEDICAL	Mulia Link Mulia	ry, street, office bldg., e	tc.)	
Σ	p.m. 19 at work at work			77
	21. I certify that (I) (this hospital) attended the deceased from Jo	n 29 , 1	9 66, to Februar, M94	Othat (I) (we) last
	saw the deceased alive on February 49 266 and that	death occurred at_	M, from the causes and on t	he date stated above.
	22a. SIGNATURE	ATTENDING	MED. — STAFF — 22b. D	ATE SIGNED
	GUINEY M.D	. PHYS.	DIRECTOR PHYS. 2-	4-66
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS		
	J. Edwin Fassett. Md.	727	Pine Street Car	abridge, Mo
23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or con	unty) (State)
	Burial 2/10/1966 Aires	7 dt	Donahasta	a- Md
24.	FUNERAL DIRECTOR ADDRESS	25a, REC	Dorchester	SSIGNATURE
			10	
	Theseuch () Leurs Cambridge,	MG DATE	ن د المحري على	Jules -





FOR STATE HEALTH DEPT

2 with the State Department within 72 hours after death.

pages 1 and 2 in any event w

File p

permit. F

used as a burfal-transit to burial, cremation, or

3 should be agent, prior 1

TO FUNERAL DIRECTOR: Page of Health or its designated

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MARYLAND STATE DEPARTMENT OF HEALTH LAND

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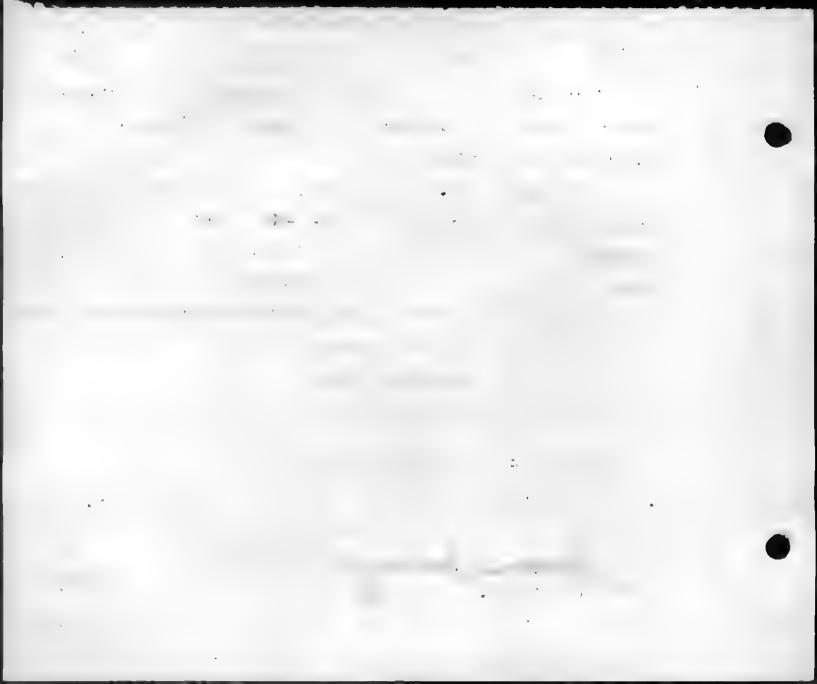
25				CERTIFICATE			029
Division of	STATISTICAL R	ESEARCH	AND RECORDS	S, 301 W. PRESTON	STREET.	BALTIMORE	1. MARY

-	- 0-40-4-40-10-4-4-4-4-4-4-4-4-4-4-4-4-4-4	1 /35	And the Transport of the Control of
F	i. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	
		e. STATE b. COUNTY	h a m de a se
-	Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Dorc	hester
	write RURAL and give nearest town)	C. CITT ON TOWN (II OUISIGE COPPORATE HINES, WITER RORAL &	me Rise hearast rown)
d.		Hurlock (Chapterte)	- 13 /
4	Cambridge (1) months C. NAME OPTIOSPITAL OR INSTITUTION (if not in hospital, give straet eddrass)	d. STREET ADDRESS	a. IS RESIDENCE
			ON A FARM?
=	Eastern Shore State Hospital	11	YES NO X
13	3. NAME DF First Middle DECEASED	Lest 4. DATE Month	Day Year
1	Contract of the Contract of th	Spivey DEATRebruary 13	19 66
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	R TRATE Ω FRIRTH Q. AGE (In vasce I F I I N D F R 1	
	77 MARKIED METER MARKIED	lest birthday) Months D	Days Hours Min.
F	emale White WIDOWED DIVORCED	11-20-\$5 \$7 yrs.	
13	On USUAL OCCUPATION (GIVE kind of work done of the state	11. BIRTHP: "E (State or foreign country) 12. CIT	IZEN OF WHAT
		Maryland US	
-	Honsewife 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	William Lewis	Florence Parrott	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes give war or dates of service)]	INF DRMANT Address	
1	no R	ecords of the Eastern Shore Sta	te Hospital
=	1 18. CAUSE DF DEATH [Enter only one couse par line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (e) Terminal pneumon	1a	2 days
	DUE TO		
	Conditions, if eny, which) (b) Fracture neck fe	mur	3 days
	gave risa to immedieta (
	tanga (a), stating the		
1.	underlying causa last. (c)	TEN TATIF TENING NICES AND TO A CONTROL OF THE PARTY OF	19. WAS AUTOPSY
9	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	VIED TO THE LERMINAL DISEASE COMPHION GIVEN IN PART 1(8)	PERFORMED?
1	5		YES NO
	2Da, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Itam 18.)	
li	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE 201. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CONTRIBUTING T	oilet	
			404-4-1
1	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20s. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Country, straet, office bidg., atc.)	ty) (Ststa)
	1.40 PM a.m. 2/10/66 While Not While IN H		. Md
	21. I certify that I took charge of the remains described above, he		and in my opinion
	death resulted from: Natural causes, AccidentX_, Sul	icide 🔲, Homicide 🔲, Undetermined manner (
	1	CHIEF MEDICAL EXAMINER	
	SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
		DEPUTY MEDICAL EXAMINER A	1444
	EXAMINER'S John Pace Jr.	Address (Straat, city, town, or county)	TT1\00
1	236. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETER		oty) (Stata)
1	REMOVAL (Spacify)	+ C	1/1-1
2	Burnet 10/16/66/02	en Salarablurg	CONTUC
	24. FUNERAL DIRECTOR ADDRESS	250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250.	Oulat

AI 5ME (5) 1/65

TO DEPUTY MEDICA

O DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is pessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1.4, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files.



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours: after eath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	114403	OLICINI IOATE	OI DEATI	_	OWELL	
1.	PLACE OF DEATH 8. COUNTY			CE (Where deceased lived, If Instit		on)
	Donchester	MARYLAND	a. STATE	b. COUNT	Canoline V	
	b. CITY OR TOWN (if outside corporate limits,	C. LENCTH OF STAY IN 1b	C. CITY OR TOWN (II	outside corporate limits, write	a RURAL and give nearest tow	vn)
	write RURAL and give nearest town) Hurlock	6 months	BA	eston	*	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDEN ON A FARM	
	Belle Haven Nursing H	ome	Maple	Ave."	YES NO	
3.	DECEASED	Middle	Last	4. DATE Month	Day Year	
	(Type or print) / Mary Shaw St			DEATH	2/10 166	
5.	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	1 1 0		FUNDER 1 YEAR IF UNDER 24 H	
_	remale white widowed		5/3/1871	/ T yrs.		
		IND OF BUSINESS OR NDUSTRY		ounty & State, or foreign country)	12. CITIZEN OF WHAT	
	Housework		Phila	Pa	USA	
13	. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME		
	unknou n		unknoun			أغليا
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		INFORMANT	Address		ما
Ľ	198	8-07-0391 Mr	s. Mariam I	Villigan, Maple	Ave. Preston	2
	1 18. CALISE OF DEATH (Enter only one cause per li	ine for (a), (b), and (c).]		Failure wit	h INTERVAL BETWEE	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	onic Cingest	1vº Heart	Fal Iu-e Wi	5 11 OHOLI AND DESI	
	m ' n . 1 1		7 11		3 vra	
	Conditions, if any, which \ (1) 77	cular mihril				
	gave rise to immediate (DUE TO AY'C	erloscleroti	C Heart L	£ 512	LIVE	
_	underlying cause last. (c) Change	relized arts	inslaro"	4 -	OO was	
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS PERFORMED	
S	Secondary Anem	ia			YES NO	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature o	f injury in Part I or Part II of	Item 18.)	_
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	17	factor	CE OF INJURY (Home, fary, street, office bldg., e		(County) (State)	}
MED	Hour a.m. While p.m. 19 at work	k at work				
-	21. I certify that (I) (this hospital) attended	ed the deceased from 0/	21/63	9 to	, 19 66, that (I) (we) I	ast
	saw the deceased alive on		death occurred at-	Margom the causes a	nd on the date stated abor	ve.
	22a. SICNATURE		ATTENDING -	MED. STAFF	22b. DATE SICNED	
	Mady Wty	mmy M.D.	PHYS. Lage	DIRECTOR PHYS.		
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	A Manual and		
_	Harlid R.P.	lummer M.D	Pres			
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 2/14/1966	Harleigh (e		23d. LOCATION (City, tow	vn or county) (State)	
21	4. FUNERAL DIRECTOR	ADDRESS	0	C'D BY REGISTRAR 25b. REC	CISTRAR'S SIGNATURE	
-	Marie & Temperal	on Thata	DU EER	1 1 1000 PCla	on to Judge	

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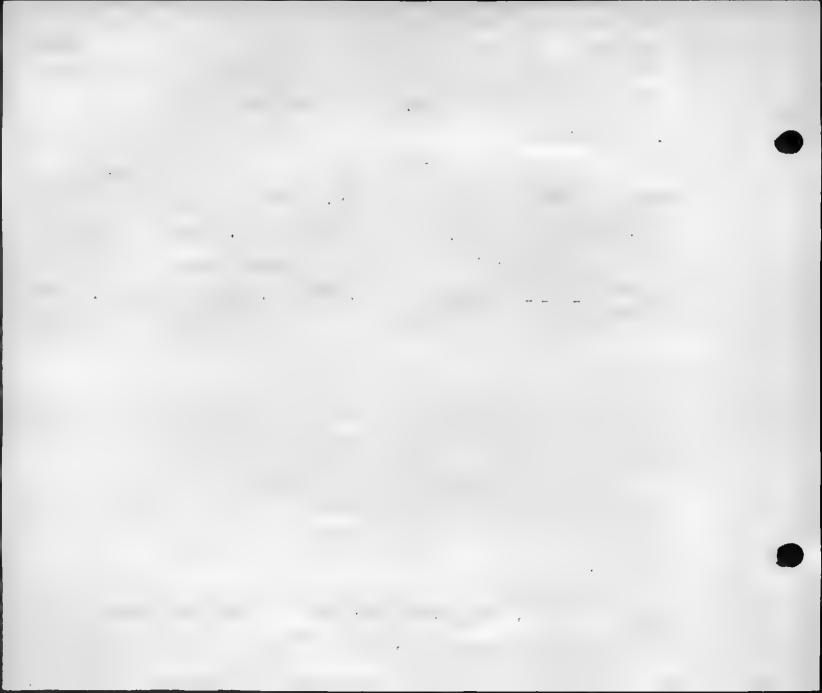
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	32288	IVI	DICAL	. EXAMINER	'S	CERTIFICA	TE O	FD	EATH		1160	心生)
1.	PLACE OF DEAT	н			-	2. USUAL RESIDI	ENCE (Wh	ere dece	ased lived, II	institution:	Residence		
	a. COUNTY	Dorchester		Hand a	*10	a. STATE	larv]	1000		YTRUO	020 -1	50 5 t	0.30
				MARYLA		c. CITY OR TOWN						nest	
	Write RURAL	N (if outside corporat and give nearest tow	1)	}					.,	,			
	Cambric		M dd net in h	Life ospital, give street edd	leas-1	d. STREET ADDRES	orida	30				B. IS RES	Inches
		amper St.	A (11 UOT IN 191	ospital, give street edd	ir ess)	425 C		n. 100	0.4			ONA	FARM?
	427 00	uper be				442	smink	3T 1	36.			YES	NOK
3,	NAME OF DECEASED	Flr	st	Middle		Lest	4.	DATE	M	onth	Day	Ye	ar
	(Typa or print)	Helen	L	Elizabe	th	Thomas		DEATH	Feb.	21.		19	66
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9,		FINDER			
F	'emale	Negro	WIDOWED	DIVORCED	5	Sept. 1.	1001		64 7	311041 191-10	Days	Hours	Min.
100	. USUAL OCCUPAT	ION (Give kind of work o	one 10b. K	IND OF BUSINESS OR	1 10	11. BIRTHPLACE	(State or	foreig		12. 0		OF WHA	
auı	Laborer	ing Ilfo, even if retired		ok. Comme	n a i	8.2 No.	7	ä			OUNTRY IJSA	7	
13	FATHER'S NAM		1.00	OK, COMME	1. C 1	14. MOTHER'S M	AIDEN NA				NOW		
	T = 1:	ra Daman											
15		ce Bargen	00000 1 10	SOCIAL SECURITY NO.	1.19	Roset	sta G	ire		dress			
	es, no, or unkown)	(If yes give war or dates of		SUCIAL SECORITY NO.			_						
	No				_	wnes Whea	tley	7(Cambr	idge,	Md.		
			-	ine for (a), (b), and (c).	_						ONS	RVAL BE	DEATH
	PART J. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(e) Cor	onary occ	lus	sion						Inst	net
	4201	DUE	ro										
	Conditions, if		(b)										
	gave rise to cause (e), s		10										
	underlying caus	and the same of th	(c)										
S.	PART II. OTHER			JTING TO DEATH BUT NO	TRELA	TED TO THE TERMINA	AL DISEAS	ECOND	ITION GIVE	VIN PART 1(a)	19.	WAS A	JTDPSY
NATE:											YE		NO K
MEDICAL CERTIFICATION	20a. EXTERNA	L CAUSE WAS	20b. [DESCRIBE HOW INJURY	OCCU	IRRED. (Enter nuture	of Injury	y In Par	rt I or Part	H of Item 1	8.)		
5	PRIMARY COP OF	CONTRIBUTING []											
AL C		INJURY Month, Day, 1	fear 20d.	NJURY OCCURRED 20	e. PLA	CE DF INJURY (Home	a. farm.	20f. (I	City or town	n) (Co	unty)	(State)
8	Hour a.r		While	Not While		ry, street, office bldg					• •		
¥	p.:		at work									1.4	
	21. I certify	y that I took charge	of the rem	nains described abov	e, hei	ld an Autopsy 🔛	, Insp	ection		nquiry 💹		l in my	חסותיקס
	death result	ted from: Natural	causes X	, Accident,	Sui		lcide _		Undetermi	ned manner			
	American	Q	21-	- 0		CHIEF MEDI						DATE	olones.
	ACTUAL SIGNATURE	our	m			M.D. ASSISTANT				0/00/		. DATE	SIGNEO
	EXAMINERS	/.				DEPUTY ME			E-right.	2/22/ Camb		ma I.	5.7
	NAME (Type)	John Mace	Jr.	M.D		Address (Str							
23	REMOVAL (Sp	acity)	HEREOF	23c. NAME OF CEM			23	d. LO	CATION (CIT	y, town or co	ounty)	(S	tate)
	Burial	1 2/25/	-66	Waugh Ce	met	ery		am	bridg	e Do	r.m	Md.	
24	. FUNERAL DIRE	ECTOR	1 00	ADDRESS umbridge.M	a	25a	BEC'D BY	REGIS	TRAR 25b.	REGISTRA	S SIGN	iature udge	
-	11.1.1	22 61 / HL	OLBU &	mint tage 1 M	U.S.	DATE	B 2	5 19	366 /	r Cold	W X	The same	-



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if Institution: Rasidence e. COUNTY Maryland Derchester Dorchester **6. COUNTY** by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) څ write RURAL and give nearest town) Crecheren l week 5 Cambridge Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? Glasgew Nursing Home None YES NO A completely papers. n 72 ho 3. NAME OF 4. DATE Year Monih DECEASED TODD ROBINSON OF BLANCHE (Typa or print) DEATH February 23 66 wilhir carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER I YEAR IF UNDER 24 HRS. inst birthday) Months Days and Oct. 18, 1881 Female White WIDOWED IX DIVORCED [physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Heusewije Dorchester Co., Maryland USA Home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please William Rebiasen attending Isabella Willer Pug Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal (Yas, no, or unkown) (If yas give werordates of service) Mr. Carrell H. Todd, Crecheren, Md. 21627 Unknown the permit. 18. CAUSE OF DEATH ignter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ģ terio selente. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ö IMMEDIATE CAUSE (e) has been signed DUE TO attending Conditions, if any, which gave rise to immediate causa DUE TO (a), stating the undarlying ‡ PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa), 19, WAS AUTOPSY certificate CERTIFICATION nospital \$ Q PERFORMED? NO T prior USB 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) for After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING WEDICAL Month, Day, Yaar 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY 20f. (Clly or town) (County) (Stete) factory, streat, office bldg., atc.) While Not While be retained ö at work at work DIRECTOR Dept. 2-3 196.5, that (I) (we) last lo.... should State D 4. 19.6.6, and that death occurred at 2.PM, from the causes and on the date stated above. saw the deceased alive on..... may 22e. SIGNATURE ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. M.D. খ HOSPITAL FUNERAL page with 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type filed , 23c. NAME OF CEMETERY OR CREMATORY
Bethany Churchyard 23a, BURIAL, CREMATION, | 23b. DATE THEREOF Crocharen, Maryland (State) Feb 25, 1966 REMOVAL (Spacify) 音音 o LeCompte Funeral Service, Cambridge, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 20M 5 63

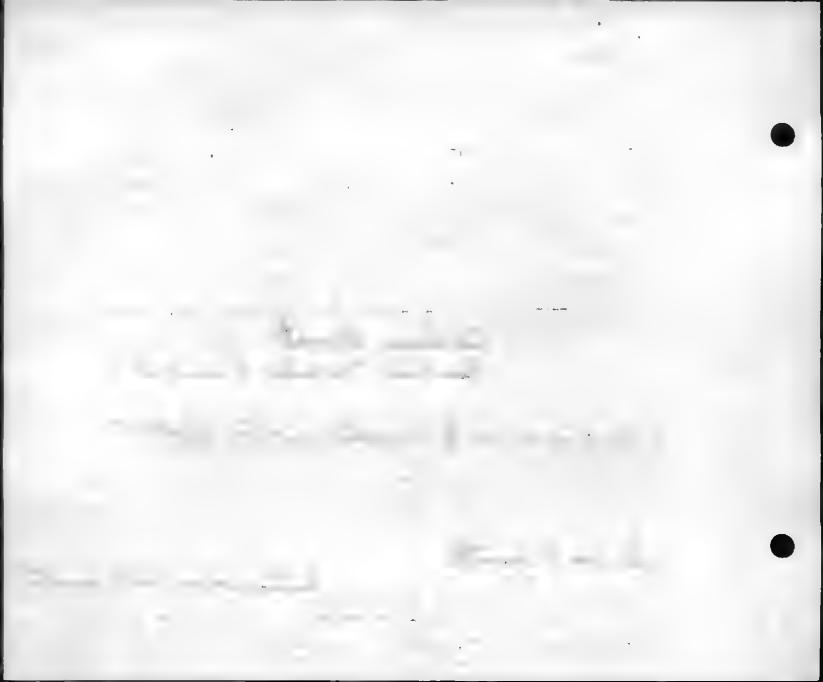


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Re	CERTIFICAT	E OF DEATH		02057							
	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution	n Residence before admission)							
-	O. DUNTY MARYLAND	o. STATE	b. COUNT	Υ							
1	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	MARYLAND DORCHESTER C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	write RURAL and give nearest town)	C CIT ON TOTAL (II Obliside toliporole films, write NONC old give nectes)									
	RURAL CAMBRIDGE 4 YEARS	CAMBRIDGE									
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d, STREET ADDRESS		e IS RESIDENCE ON A FARM?							
/	EASTERN SHORE STATE HOSPITAL	SHEPPARI	n Ave.	YES NO W							
	3 NAME OF First Middle	Lost	4 DATE Month	Doy Year							
	DECEASED	Tankana	OF								
	(1992 of paint)	B DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS							
	The state of the s	1889	last birthday)	Months Doys Hours Min							
1	MALE WHITE WIDOWED DIVORCED	9/20/ TORS	/7/7 / Orrs.								
	Do JSJAL OCCUPATION (Give kind of work done dering most of working life, even if retired)	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?							
1	diring most of working life, even if retired) WATERMAN INDUSTRY SEATOOR	MARYLA	MD.	USA							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN									
	WINFIELD TRAVERS	UNK									
	15 WAS DECEASED EVER IN ILS ARMED FORZES? 16 SOCIAL SECURITY NO. 17	INFORMANT	Address								
	(Yes, no, or unknown) (If yes give wor or dofes of service)										
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b)) ond (c)) PART I, DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH									
	IMMEDIATE CAUSE (0) Cordiner (4)	Oraci And Seatt									
	DUE TO O	Λ	1 0 6	1							
	Conditions, if ony, which gave) (b) Carefur Uso angles Assulent										
	rise to immediate couse (o), (DNIC TO										
	stoting the underlying couse (c)										
		ALE TERMINAL DISEASE ON	MOITION CIVEN IN DART 1/ale	19 WAS AJTOPSY							
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9)										
, "	200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS	on hy	re will or	YES NO							
	20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING □ CAUSE OF DEATH	D. (Enter noture of injury in	Port I or Part II of item 18.)								
	(IF EITHER, NOTIFY MEDICAL EXAMINER)										
		LACE OF INJURY (Home, forr		(County) (State)							
	Hour o.m. p.m. 19 While of work of work	octory, street, office bldg., etc.	}								
	21. I certify that (% (this haspital) attended the deceased frage.	26/62	19 62 , to 2/18/	, 19_66, that x 1) (we) las							
	the deceased alive an 2/18 1966, and the	ant death occurred at	9:15 M from causes a	nd on the date stated abave							
	Tal SIGNATURE	idi dedili occolled di	m, nom tables a	22b. DATE SIGNED							
	77	ATTENDING	MED DIRECTOR PHYS.	2/18/66							
,	A V C C C C C C C C C C C C C C C C C C	M.D. PHYS	DIRECTOR L PHYS.	2/18/80							
/	22c. PHYSICIAN'S NAME (Type) JAMES SMITH MD	22d ADDRESS	5/1-15/	J. Harritt							
	Δ	coner	resource or	- Marine							
	230 BURIAL, CREMATION, 23b. DATE THEREOF, 23c NAME OF CEMETERY C		23d LOCATION (City or Town								
V	Bufffal (Specify) Feb 21 1966 Cambridge Ce	metery	Cambridge, M	laryland							
1	24. FUNERAL DIRECTORADDRESS			ISTRAR'S SIGNATURE							
(A)	LeCompte Funeral Service, Cambridge, M	aryland DATE	3 2 1 1956 10	conles Judge							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filed with the State Dept, of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66



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	MARYLAND STATE DEPARTMENT OF HEALTH	
	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
02291	CERTIFICATE OF DEATH	02241
DI ACE OF BEATH	II o House Occupancy (When decord line It line)	

	UZZS			CERTIFI	CAT	E OF DEATH	1				112	247	7
1.	PLACE OF DEAT	Н				2. USUAL RESIDEN	E (Where	deceas			Residence	before a	dmission
	a. COUNTY	DORCHE STE	D	Mamuel		a. STATE	1p.		b. COU	YTY	CAROL	INF	
-	b. CITY OR TOW			MARYI I. C. LENGTH OF STAY		c. CITY OR TOWN (If		corpor	rata (Imits, w				
١.		N (if outside corpora and give nearast tov	vn)	2YRS.	,,,	CHOP TANK	0010100			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8.	_	83
-K	URAL CAM	BRIDGE SPITAL OR INSTITUTION	ON (IS not in b		ddna ox	d. STREET ADDRESS						a. IS RES	PIDENCE
L		HORE STATE			adiess)	U. SINEEL ADDRESS						ON A	FARM?
	AS IERN S	HUKE STATE	HOSPITA	A L								YES X	NO 🗌
3.	NAME OF DECEASED		Irst	Middle		Last	4. DA	TE	Mont	h	Day	Ye	ar
	(Type or print)	LEE		AVERY	WA	LD RON	DE	HTA	FEB.	14			66
5.	SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARRIED		B. DATE OF BIRTH		9, A	GE (In years ast birthday)	IFUND	ER 1 YEAR	Hours	
	MALE	WHITE	WIDOWED	DIVORCE		6/4/94		7	1 yrs.	Monun	Days	Hours	MIII.
10	a. USUAL OCCUPAT	FION (Give kind of work ing lifa, even if retire	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & St	ate, or		1) 12.	CITIZEN		ī
		CARPENTER	10)	Garage		Mp.				111	COUNTRY		
1	. FATHER'S NAN					14. MOTHER'S MAIL	EN NAME	Ē		- 1 0			
	ELMER W	LDRON				NORA BUC	KIEY						
1	. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO	. 17.	INFORMANT			Addra	\$\$			
	es, no, or unkown) YES	Off yes give war or dates in DISCH . 1919		213-16-82 97	1	HOSPITAL RE	CORDS	-					
=	18. CAUSE OF		-			TO STITAL RE	CO RD.				INTS	DVAL RE	TWEEN
	DART I DEATH WAS CALLED BY.						ONS	ONSET AND DEATH					
			(a)PN	EUMONIA							or	10 00	3
1	473			WEDAL DOOL							1	1 -0	-4
	Conditions, If gave rise to		(b)	NERAL DEBI	LIIY						_ 2	bea	/3
	cause (a), s	tating the DUE	TO										
Z	underlying caus		(c)								122	11140 44	(FORNY
100	PART II. OTHER:	SIGNIFICANTCONDITI	ONS <u>CONTRIBL</u>	JTING TO DEATH BUT N	IOTRELA	TED TO THE TERMINAL I	DISEASEC	ONDI	TION GIVEN IN	PART 1	(a) 19.	PERFOR	UTOPSY RMED?
ICA											YE	ES (NO 🗍
MEDICAL CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING [] ING [] CAUSE OF DEA TIFY MEDICAL EXAMI	20b.	DESCRIBE HOW INJUR	RY OCCU	JRRED. (Enter nature of	f Injury Ir	n Part	I or Part II	of Item	18.)		
25	(IF EITHER, NO	TIFY MEDICAL EXAMI	NER)										
SE		INJURY Month, Day,			20e. PLA	CE OF INJURY (Homa, fary, street, office bldg., e	arm, 201	i. (Ci	ty or town)	(0	County)	- (State)
	Hour a.i		While at worl	k Not While	10000	1), su car, onica biug., o	(0.)						
П	·	fy that (I) (this hos			rom	11/6 1	9.63.,	to s	2/14	19	66 tl	hat (I) (we) las
П		ceased alive on	2/14			death occurred at	1:38	from	the causes				
	22a. SIGNATU		to		TIG COLOR	/	P.M.] 22b.	DATE SI	GNED	
		Cordo F	Dan	100	M.D		MED. OIRECTOR		STAFF PHYS.	2	2/14/	66	
	22c. PHYSICI	AN'S			141.0	22d. ADDRESS	OIII ZOTO		111101	*			
	NAME (T	ype) CARLOS	F. BAR	ROSO		E.S.S.Ho.	SPITA	1.	CAMBRE	D.GE.	Mo.		
23	a. BURIAL, CREA	MATION, 23b. DATE	THEREOF	23c. NAME OF CE	METERY				TION (City, t			(S	tate)
	REMOVAL (So	ecify) 2- 17	-66	Junior Or	der	Cemetery	Nea	r F	reston		Maryl	land	
2	SUNERAL DIR			ADDRESS					RAR 25b. R		AR'S SIGN	NATURE	
١,	of renewal	Tom & um	enel.	Jome Fede	rale.	bury my DATE	7 40	40	00 00	Pinne	100 D	udos	,
	+ / - 000 1 1/14	with the second		121100 00000	-EA	J - WY DAIL	1		3 1 1		- 1		_

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MARYLAND STATE DEPARTMENT OF HEALTH

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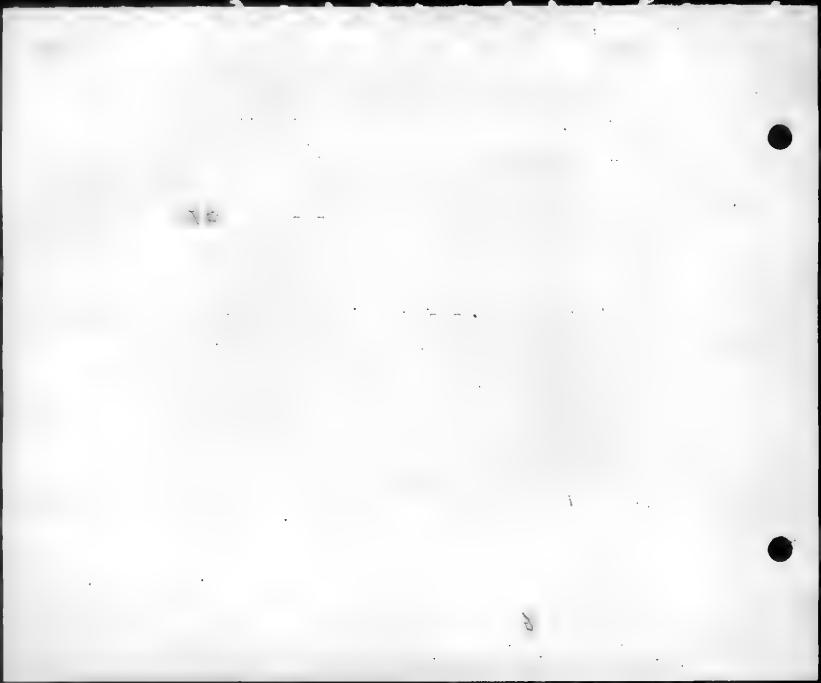
(State)

REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR | 25b.

DATE

A 5ME (5) 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and nonpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove parbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

3

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02295	CERTIFICATI	E OF DEATH	1	02251
	1. PLACE OF DEATH a. COUNTY DOVCHESTEY	MARYLAND	a. STATE	iere deceased lived, If Institution:	Residence before edmission)
	b. CITY OR TOWN (if outside corporate limits write BURAL and give nearest town)	s, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outsice	de corporate limits, write RURAI	L and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (IF NO	ot in hospital, give street address)	d. STREET ADDRESS	ry	e. IS RESIDENCE
	E.S. S. H.		Route	1	YES NO
3	3. NAME OF DECEASED (Type or print)	Middle Will	Last 4.	DATE Month DF BEATH	Day Year 7 1966
1	5. SEX 6. COLOR OR RACE 7. MAR	THE THE MARKITED	. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
1		OWED DIVORCED 10b. KIND DF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country) 12, 0	ITIZEN DF WHAT
d	during most of working life, even if retired)	INDUSTRY	7/1/4/ Galest	C	OUNTRY?
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		DA.
-		2501	Lonah	ankford Sal	isbury Md.
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 12.	s Earl Whit	e(Daughter) R.	D#P
=	18. CAUSE OF DEATH [Enter only one cause		BTERN SHORE	1405p 111801C	I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	lapiration /	Acumproise		ONSET AND DEATH
	2231 DUE TO	0 0 0 11	0 . 1	·- 0. 4	
	conditions, if any, which gave rise to immediate (b)	Ceoutinal 11.0	ecusar a	ending.	
L	cause (a), stating the DUE TO underlying cause last.	Meninono	topea	Li La Ser	
MOITION	PART II. OTHER SIGNIFICANT CONDITIONS CON 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIPCETTAL CIPCETTAL	TRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		Ob. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	y in Part I or Part II of Item 18	3.)
100000	Hour a.m.		CE OF INJURY (Home, farm, ry, street, officebldg., etc.)	20f. (City or town) (Co	unty) (State)
1	21. I certify that A (this hospital) at		79 196		that (I) (we) last
	saw the deceased alive on	19 G and that	death occurred at	M, from the causes and on t	the date stated above.
1	James 7 Sign	M.D.	ATTENDING MED.	STAFF 1	-7-66
	22c. PATSICIAN'S James F.	Smith	Enstern S	fore State H	spital
12	23a. BURIAL CREMATION, 23b. DATE THEREOF BURIAL (Specify) Feb. 10/19			d. LOCATION (City, town or co	
-	Burial Feb.10/19 24. FUNERAL DIRECTOR	66 Siloam Ceme		110am, Maryla REGISTRAR 25b. REGISTRAR	
		SALISBURY MARY	FER	1966 Miland	

VR AI5 (4) 20M 1/65

G880 Work E TOMENTS ! 1-00/100/94 Bloken Spheromy 2. H. E. S. 3. H. STUDY Massall 1-23-10 * THE THE PARTY OF f .u. (afthree 1) afthr fart. 14: agus_dr_8rs Register Polarismin Caroliel Useculor dissilent Meninguisma 29 4-7-66 charact F. Smith laster Shire State Herpital Silens, Maryland Suctiff Feb.10/1966 Miles Demotery HOLLSWAY IN COMPANY SALLSBURY, MARYLAND TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02296 CERTIFICATE OF DEATH 02950

	-				110/			
. COUNTY D	erchester	MARYLAND		TCE (Where decessed lived, If instruction b, COUNTY	Derchester			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hudson c. LENGTH OF STAY IN 1b about 50 yrs			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hudsen					
d. NAME OF HOS		t in hospital, giva streat address)	RFD #3		IS RESIDENCE ON A FARM? YES \ NO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
3. NAME OF DECEASED (Type or print)	WALTER	S. WII	NGATE	4. DATE Month OF DEATH Feb	ruary 27, 1966			
5. SEX Male	White	MARRIED NEVER MARRIED	April 1, 18	9. AGE (In yeers IF				
10a. USUAL OCCUPA done during most of v Waterman	working life, even if retired)	10b. KIND OF BUSINESS OR INDUST Seafed		r Co., Maryland	USA			
13. FATHER'S NAME	Jeseph E. W	Vingate	14. MOTHER'S MAIDEN	r Fallin				
15. WAS DECEASED (Yas, no. or unkown)	EVER IN U.S. ARMED FORCES		INFORMANT rs. Walter S	. Wingate, RFD3,	Cambridge, Md.			
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Try, which (b)	Wal Nulsi Webernia,	tea che mo	noeglie	INTERVAL BETWEEN ONSET AND DEATH OF THE			
(e), staling the cause last.	TO TO THE PROPERTY OF THE PROP							
CATIO					IN PART I(a) 19. WAS AUTOPSY PERFORMED?			
	De. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, streat, office bidg., etc.) (City or town) (Coun factory, streat, office bidg., etc.)					(County) (Steta)			
		attended the deceased from.		16.	, 19			
22a. SIGNATURI	s a. Dear	Apon ,	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED			
224 PHYSICIAN NAME (Typ	James U. Th	nempsen, MD	Lecust S	t., Cambridge, M	aryland			
23a. BURIAL, CREMA REMOVAL (Spacif Burial	Mar 1, 196	23c. NAME OF CEMETERY Derchester Me		Cambridge, M				
24 FUNERAL DIRECTO		ce, Cambridge, Mar		R 1 1966 206	TRAR'S SIGNATURE			

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